Tanzania Essential Health Interventions Project (TEHIP)

PROJECT DOCUMENT

June 1996

TANZANIA ESSENTIAL HEALTH INTERVENTIONS PROJECT (TEHIP)

PROJECT DOCUMENT

TABLE OF CONTENTS

ACRONYMS

ACMO-P	Assistant Chief Medical Officer - Preventative Services
AMMP	Adult Mortality and Morbidity Project (UK-ODA)
AWP	Annual Work Plans
BOD	Burden of Disease
CIDA	Canadian International Development Agency
CMO	Chief Medical Officer
DALY	Disability Adjusted Life Year
DED	District Executive Director
DHMT	District Health Management Team
DMO	District Medical Officer
EARO	East Africa Regional Office (IDRC - Nairobi)
EDP	Essential Drugs Program
EHIP	Essential Health Interventions Project
EPI	Expanded Program on Immunization (See GPV)
GBD	Global Burden of Disease
GOT	Government of Tanzania
GPV	Global Program of Vaccines
HIV	Human Immunodeficiency Virus
IAC	International Advisory Committee (EHIP)
IDRC	International Development Research Centre
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NIMR	National Institute of Medical Research (Tanzania)
ODA	Overseas Development Administration
PHC	Primary Health Care
POC	Project Operations Committee
PS	Principal Secretary
SAC	Scientific Advisory Committee
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TEHIP	Tanzania Essential Health Interventions Project
TFNC	Tanzania Food and Nutrition Centre
UNICEF	United Nations Children's Emergency Fund
WDR'93	World Development Report - Inventing in Health (1993)
WHO	World Health Organization

TERMS

Burden of Disease

Burden of Disease refers to "the total amount of healthy life lost, to all causes, whether from premature mortality or from some degree of disability over some period of time. These disabilities can be physical, such as crippling or blindness, or mental, such as retardation or mental illness."

P. Musgrove, "Cost-Effectiveness and Health Sector Reform", World Bank HRD Working Paper #48 January 1994.

Cost-Effectiveness

Cost-Effectiveness seeks to determine the costs and effectiveness of an activity, or to compare similar alternative activities to determine the relative degree to which they will obtain the desired objectives or outcomes. The preferred action or alternative is one that requires the least cost to produce a given level of effectiveness, or provides the greatest effectiveness for a given level of cost. In the health care field, outcomes are measured in terms of health status."

J. Last, "A Dictionary of Epidemiology", Oxford University Press.

The DALY

The DALY is "... an indicator of the time lived with a disability and the time lost due to premature mortality..." (Murray 1994) which is used to measure both the burden of disease and the cost-effectiveness of health interventions, as indicated by reductions in disease burden. The DALY is also a universal measure that can be used to make comparisons between and among different populations.

Evidence-Based

In the context of this document and TEHIP, "evidence-based" refers to data generated by the methodologies used in burden of disease and cost-effectiveness analyses.

PROJECT DOCUMENT

Tanzania Essential Health Interventions Project

(TEHIP)

The purpose of this Project Document is to record the understanding between the **Ministry of Health,** representing the Government of Tanzania, and the **International Development Research Centre (IDRC),** on the purpose of the **Tanzania Essential Health Interventions Project** - the method and schedule for achieving its purpose, the resources required and the means of managing and evaluating the achievement of the project on its completion. The responsibility for achieving the purpose and the objectives of the project is shared jointly by the designated representatives, each undertaking to provide the project requirements as allocated and shared herein.

The Project Document is supplementary and complementary to the Memorandum of Understanding (MOU) to be signed between the Government of Tanzania and the Government of Canada.

The Project Document is considered to be a dynamic document subject to amendment by mutual agreement between signing parties or their delegates and by Annual Work Plans and Budget Estimates.

Signed at Dar-es-Salaam, Tanzania on Oct-14 1996 in two copies, each of which shall be considered as original.

For the Government of Tanzania
Ministry of Health _____

R.A. Mrope

For IDRC _____

Maureen M. Law

Witnessed by: _____ _____

1.0 THE PROJECT

EHIP is not about finding a "formula" for efficient health care planning and resource allocation that can be universally applied. It is about testing certain principles of "process" - which if found workable, could very well have applications in a variety of developing countries.

1.1 PROJECT BACKGROUND AND DEVELOPMENT RATIONALE

Health systems in low-income countries are currently facing enormous problems. These include the high incidence of communicable diseases (e.g. malaria, cholera HIV/AIDS and TB), a rising prevalence of chronic diseases and major disasters, including civil wars, that have resulted in unprecedented numbers of refugees and displaced persons. These problems are also escalating costs of health services at a time when public health budgets and international assistance are decreasing under the pressure of macro-economic reforms and donor fatigue. In addition, structural reforms to health care programs have led to significant cuts in public spending, with an accompanying decline in services. These factors have contributed to the steady worsening of equitable access to health services, the decline in health status of populations and the demoralization of health workers.

In 1993, the World Bank's **World Development Report - Investing in Health** (WDR'93) made a series of proposals to address these problems. One such proposal was, that given the scarcity of available resources for health, especially in low-income countries, that the planning for and setting of priorities for essential health interventions should be based on burden of disease and cost-effectiveness analysis. WDR'93 also asserted that improving and maintaining the health of the population is an integral and vital part of any country's social and economic development plan and policies.

The report analyzed problems in health care systems that hinder the delivery of services and the reduction of mortality and disability. These include the misallocation of funds toward interventions with low-cost-effectiveness at the expense of highly cost-effective interventions; inequities in accessing health care whereby poor people suffer from a lack of basic health services; inefficiencies in planning, deployment of health care workers, use of facilities and purchasing of supplies; and the unnecessary reliance on specialized personnel, equipment and facilities and sophisticated tests and treatments. WDR'93 also noted that in low-income countries these problems are often compounded by highly centralized decision making, wide fluctuations in budgetary allocation, and low motivation of health care workers.

The report went on to postulate that the provision of "packages" of essential clinical and public health interventions to 80 percent of the population in low-income countries would bring about a 32 percent reduction in the burden of disease. The World Bank estimated that these packages would cost, in low-income countries, roughly US$12.00 per capita, per year to deliver; but acknowledged that this per capita allowance was greater than most health budgets allow in the majority of low-income countries.

As a result of the WDR'93, the **International Development Research Centre** (IDRC) convened an international conference in October 1993, to meet with representatives of the World Health Organization (WHO), the World Bank and other donor organizations, plus representatives from developing countries, to consider the findings and recommendations presented in the report. Conference participants decided that the hypothesis that burden of disease and cost-effective analyses to provide the basis for health services planning in low-income countries should be tested, and further concluded that the thesis held enough potential in such a critically important area of human need in developing countries that an investigation of its feasibility should be carried out without delay.

This recommendation subsequently led to IDRC, with the support of the Canadian International Development Agency (CIDA), to develop what has now become known as the **Essential Health Interventions Project** (EHIP).

It was also decided that in order to properly address the issues of burden of disease and cost effectiveness, EHIP should also focus on a third topic raised in the report, that of improving the planning and management of health services at the district level. In recommending that EHIP proceed on this basis, it was felt that if the project was successful in demonstrating that resource-allocation decisions can be made rationally and effectively on the basis of district level analyses and lead to the effective delivery of select health intervention and improvement in population health, it will have extremely important health implications for the future development of health care systems, not only in the "host" country where the project would be staged, but in other developing countries also facing crises in their health sectors.

IDRC, and collaborating organizations, agreed that EHIP should be developed and implemented, as a demonstration project, in a country located in East, Central or Southern Africa. Proposals were invited from several countries and replies were subsequently received from the Ministries of Health from four countries: Tanzania finally being selected as the host country. In agreement with the Tanzanian Ministry of Health, two distinct districts were selected to participate in what is now referred to as the **Tanzania Essential Health Interventions Project** (TEHIP). The two districts are Rufiji (population 180,000) in Tanzania's Coastal Region and Morogoro-Rural (population 480,000) in Morogoro Region (See the **Map** on page 4).

In recent years, life expectancy at birth in developing countries has increased from 40 to 63 years. and child mortality decreased from 280 to 106 deaths per 1000 live births; however, five East African countries (Ethiopia, Uganda. Sudan, Somalia and Tanzania) have been classified as "very high under-five mortality rate" countries by UNICEF, all having greater than 160 deaths per 1000 live births. Tanzania's under-five mortality rate is 115 per thousand births. The leading cause of mortality, based on data obtained from the ODA-UK supported **Adult Morbidity and Mortality Project**, which has been collecting data in two districts in Tanzania since 1992, are in preventable communicable diseases, namely, malaria, HIV/AIDS and TB and in pregnancy-related deaths.

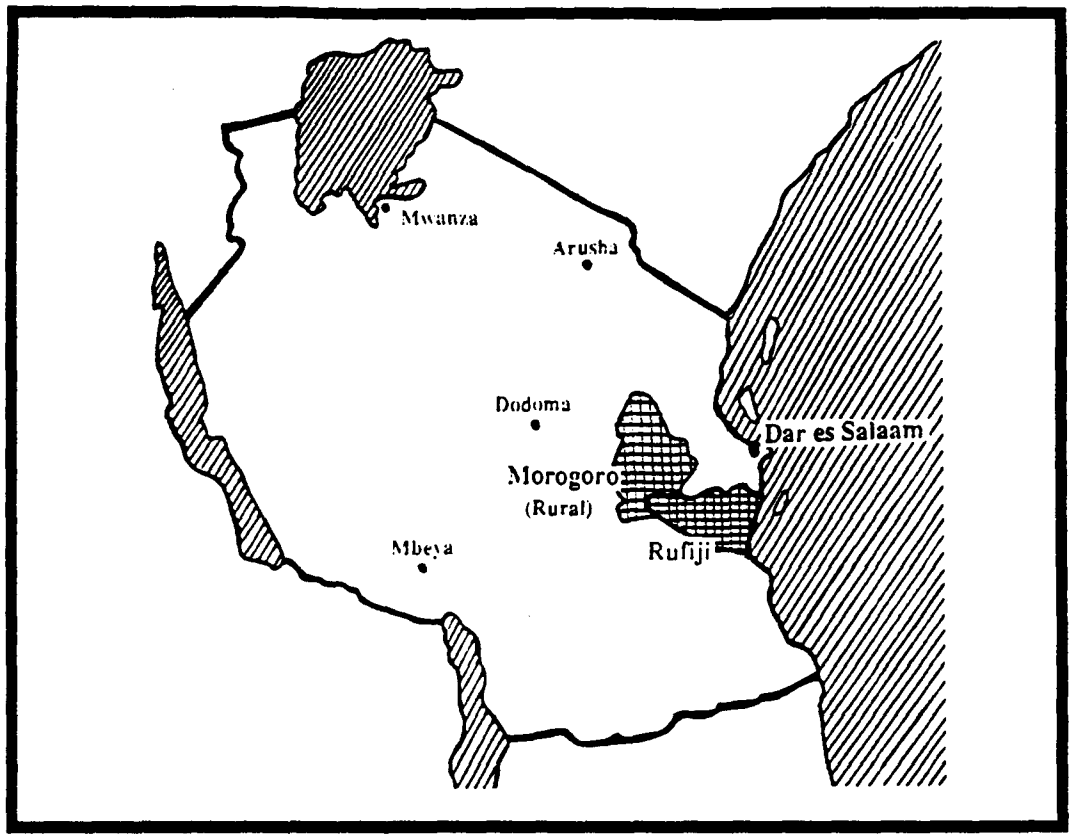
Current estimates of annual health care expenditures, on a per capita basis in Tanzania, range from US$4.00 to US$7.00 (Government of Tanzania expenditures, only); however, approximately 60 percent of this expenditure is directed to the three tertiary care facilities in the country.

Tanzania is currently in the process of implementing policy changes under its Social Sector Strategy -- a strategy that has a specific health sector reform component -- and the Government has indicated that the basic premise of TEHIP is consistent with the directions it has set down in its health sector reform program, stating that an "evidence-based" approach to health planning will be able to provide them with the opportunity to "test" certain aspects of their policies dealing specifically with the efficient and cost-effective delivery of health services at the district level.

For more background information on the project see **Appendix A** on page 44.

1.2 PROJECT DESCRIPTION

The **Tanzania Essential Health Intervention Project** (TEHIP) has been formulated as a four-year research and development project, beginning in 1996, with the goal of testing the feasibility and measuring the impact of an evidence-based approach to health planning at the district level in Tanzania. The broad objectives of the project will be to: a) increase and strengthen the capacity of district health authorities in Rufiji and Morogoro-Rural Districts to effectively plan and deliver essential health interventions based on burden of disease and cost-effectiveness; and b) measure, assess and document the overall impact and lessons learned in delivering selected health interventions at the district level. To achieve the project objectives, TEHIP will endeavour to focus on just two key issues. They are the financing and delivery of essential clinical and public health interventions and secondly, improving the planning and management of health services at the district level.



Republic of Tanzania
Morogoro-Rural and Rufiji Districts

The research component of TEHIP, to be carried out by Tanzanian researchers, institutions and agencies, will endeavour to answer three key questions directed at determining if districts can establish priorities and plan the allocation of health resources according to estimates of burden of disease and cost-effectiveness; whether these plans can be translated into the effective delivery and use of relevant health interventions; and to what extent and at what cost does this have an impact on burden of disease.

The development component of TEHIP will concentrate on building capacity at the district level to plan and manage, with local participation, health services and resources, and to deliver more effectively and with increased coverage essential health interventions to communities. Funding of this component in Rufiji and Morogoro-Rural Districts will be directed at augmenting current Government of Tanzania investments in the health sector and supporting health sector reform programs.

The management and administration of TEHIP will bring together the combined and coordinated efforts of the IDRC-EHIP Secretariat, based in Canada, the activities of a Canadian-Tanzanian staffed TEHIP Project Office in Dar-es-Salaam, the Tanzanian Ministry of Health, the Prime

Minister's Office, representing Regional Administration and Local Government, and District Authorities in Rufiji and Morogoro-Rural Districts. The project will also receive support and direction from well represented management and advisory committees (See **Section 3.5**). The primary responsibility of TEHIP management and administration will be to deliver TEHIP resources to the participating districts for development and research purposes in the most effective and efficient means possible. Management will also be responsible for ensuring that the project is monitored and evaluated and that research findings are disseminated throughout the Government of Tanzania and IDRC's international network.

1.3 INTERNATIONAL COLLABORATION

TEHIP will complement and support initiatives being undertaken (or proposed) by other international donors in Tanzania. In response to this, the project will closely involve itself with the activities of other major donors engaged in support of the health sector and health sector policy planning and development in Tanzania. This would particularly apply in the case of **WHO** who are engaged in providing policy advice and technical expertise regarding the development of packages of essential health interventions. A separate Memorandum of Understanding has been signed between the World Health Organization (WHO) and IDRC which outlines the areas of and mechanisms for collaboration with respect WHO's role in supporting the implementation of TEHIP. The focal point for the coordination of the WHO input rests with the WHO Country Office in Dar es Salaam where a special TEHIP Support Unit has been established with financial support from IDRC.

The **World Bank** who will be providing technical assistance in project design, implementation and cost-effectiveness analyses; of **UNICEF** who will be contributing its experience in policy matters and delivery of health services at the district level; of the **Edna McConnell Clark Foundation** who will provide research support and guidance in the implementation of the project; and of **ODA-UK** who are involved in demographic surveillance work and district-level health delivery programs.

1.4 PROJECT GOAL

The project **goal** is:

> To test the feasibility and measure the impact of an evidence-based approach to health planning at the district level.

To test the feasibility and measure the impact of an evidence-based approach to health planning at the district level.

1.5 PROJECT PURPOSE/OBJECTIVES

To achieve the project goal, the **objectives** of TEHIP will seek to:

- Strengthen district level capacity in Rufiji and Morogoro-Rural Districts to plan and set priorities using burden of disease and cost-effectiveness analysis for resource allocation;
- Increase district level capacity to effectively deliver the selected health interventions;
- Assess and document lessons learned in district health planning and management information systems and processes; and
- Measure the overall impact of delivered health interventions in terms of burden of disease reduction.

1.6 PROJECT OUTPUTS

By the end of the four-year period (1996-1997 to 1999-2000), the expected outputs of TEHIP will comprise five distinct but closely related elements and sub-elements. They include:

RESEARCH OUTPUTS

1. Answers provided to the following **three** essential project questions will constitute the key research outputs.

   Q.1 In the context of decentralization, how, and to what extent, can District Health Management Teams (DHMTs) establish priorities and plan the allocation of resources according to local estimates of burden of disease and knowledge of the cost-effectiveness of relevant interventions?

   Q.2 How, and to what extent, are these District Health Plans translated into the delivery of and use of the essential health interventions?

   Q.3 How, to what extent, and at what cost, does this have an impact on the burden of disease?

DEVELOPMENT OUTPUTS

2. District Health Management Teams having a demonstrated ability to plan and manage district level health resources.

3. Delivery and use of the selected health interventions improved and expanded.

1.7 EXPECTED RESULTS

Results expected to be achieved at the **goal level** will include:

- New knowledge concerning the use of an evidence-based approach to health planning, health sector reform and health service delivery;

- New knowledge gained on the relative value and use of health management information systems at the district level in determining the type, scale and cost of essential health interventions needed to reduce the burden of disease; and

- Wiser health investment decisions being made in the health sector at both the district and national levels. and by international donor agencies.

Results expected to be achieved at the **purpose/objectives** level will include:

- Increased capacity, knowledge and ability at the district level to plan and deliver selected cost-effective health interventions;

- Increased knowledge and understanding at the district level of the value and importance of health planning and the use of management systems and processes; and

- Broader acceptance at district and national levels of the concept of health planning processes based on burden of disease and cost-effectiveness analyses.

Results expected to be achieved at the **output level** will include:

- Improved health planning and delivery of essential health interventions resulting in reduced burden of disease in Rufiji and Morogoro (Rural) Districts;

- Improved ability to effectively and efficiently manage health resources in Rufiji and Morogoro-Rural Districts;

- Improved understanding of how districts can reconcile community preferences with technically defined health care priorities;

- Improved allocation of health resources based on burden of disease priorities and cost-effectiveness analyses;

- District level health practitioners better motivated and more involved in the health planning process and the delivery of essential health interventions that make sense;

- Increased coverage of and increased confidence in essential health interventions at the district level and among target communities and populations;

- Reduced mortality and morbidity levels at the district level; and

- Increased understanding by planners and health practitioners of the obstacles affecting health resource allocation decisions at the district level.

1.8 CRITICAL ASSUMPTIONS

Implementing a project of such size and complexity in Tanzania will pose a number of interesting challenges or critical assumptions, chief among them being:

- That EHIP, as a concept, is accepted as a valid demonstration to influence health sector reform policies, plans and resource allocation processes;

- That approaches and processes developed for EHIP prove to be easily transferable and reproducible, not only within but also between countries;

- That policy and program planners at both the district and national level are able and permitted, to respond decisively to findings and conclusions arising from research results and health surveys;

- That levels of Government of Tanzania health funding for Rufiji and Morogoro-Rural Districts do not fall below agreed to levels and that it is understood that TEHIP contributions will augment, **not** replace existing Government of Tanzania funding;

- That there is government (national and district) and community acceptance of and support for the selected essential health interventions during the project;

- That research findings and conclusions arising from TEHIP are clear and plausible from both a development planning and program delivery viewpoint;

- That the Government of Tanzania continues to support and uphold the process of decentralized health planning and delegation of authority at the district level as part of its health sector reform program and that it continues to provide appropriate levels of financial, technical and personnel support;

- That skilled and trained personnel attached to District Health Management Teams remain committed to the planning and implementation process of essential health interventions and remain active in district health services;

- That District Health Authorities and District Health Management Teams are willing and prepared to accept delegated authority and act accordingly; and

- That selected health interventions are within the districts' capacity to manage and implement on a sustainable basis on completion of the project in the year 2000

While financial risk to the IDRC-EHIP Secretariat will be minimized due to the deployment of effective management and financial control systems and procedures (See Section 3.0 below), risks associated with achieving measurable results from both research and developmental activities will be largely dependent, over the long-term, on the Government of Tanzania continuing to pursue its policy of decentralization, delegating authority and allowing the planning, allocation of resources and implementation of health sector reforms to be carried out at the district level.

1.9 PROJECT INPUTS

The total value of TEHIP over the four-year period, beginning July 1996 and ending in June 2000, is estimated at **Cdn$20,601,000** (TSh 8,240,400,000). IDRC's contribution will amount to **Cdn$16,443,300** and the Government of Tanzania's **Cdn$4,157,700** (TSh 1,663,080,000).

1.9.1 **IDRC Project Inputs** - IDRC's total contribution, estimated at **Cdn$16,443,300** will be aimed at providing financial support to research initiatives, essential health interventions, minimal capital improvement support at the district level, as well as providing management and evaluation services in Tanzania. It will not be used by Tanzania as replacement funding for the provision of existing health services. IDRC budget information is provided in **Section 5.1** below and **Exhibit 7a**.

1.9.2 **Government of Tanzania Inputs** - Tanzania will maintain its annual budget for health services at a minimum level of **TSh 215,000,000** for Rufiji District and **TSh 196,000,000** for Morogoro-Rural District for the period July 1st, 1996 to June 30th, 2000. A further **TSh 4,770,000** per year will be provided by the Ministry of Health in the form of technical and management services. The total value of Tanzania's contribution, therefore, will be **TSh 1,663,080,000** (Cdn$4,157,700).

Government of Tanzania budget information and cash flow projections, with respect to TEHIP, is provided in **Section 5.2** below and **Exhibit 7b**.

1.10 LOGICAL FRAMEWORK ANALYSIS

A **Logical Framework Analysis** (LFA) detailing important project outputs, long-term results and key critical assumptions is provided as **Exhibit 1**.

2.0 OPERATING PRINCIPLES AND SCOPE OF WORK OF TEHIP

The operating principles and scope of work of TEHIP are presented below. So is the proposed implementation schedule to satisfactorily complete the project and deliver expected outputs and results.

2.1 OPERATING PRINCIPLES

The purpose of the operational principles is to facilitate policy agreement and to provide operational guidance to parties involved in the planning and implementation of TEHIP. The 1993 **World Development Report - Investing in Health** proposed a method for the identification of selected interventions for an essential public health and clinical package. This method, tailored to district-specific conditions, will be tested in order to gauge the impact on people's health status and health development resulting from the delivery of an integrated package of essential health interventions.

TEHIP comprises two components which are complementary and inextricably linked to one another. They are a:

- **Development Component**

  a) to ensure adequate support for sustainable delivery of selected essential health interventions, based on the existing situation and available data; and

  b) to utilize the project research findings in support of the sustainable development and implementation of integrated District Health Plans; and a

- **Research Component**

  a) to determine the information, management, policy and implementation requirements for the delivery of essential health interventions:

b) to measure the cost-effectiveness of these interventions and their impact through burden of disease reduction; and

c) to develop and support operational research, at the district and central level, which will strengthen capacity for the design, planning and delivery of cost-effective packages of essential health interventions.

The following operating principles will serve as a guide in the planning, implementation, management and evaluation of TEHIP.

1. The additional resource inputs for the development component of EHIP, allocated to participating districts, will be at a level resulting in improved effectiveness of the interventions while also being at a level which could subsequently be sustained after completion of the initiative.

2. There will be an appropriate balance between the development and the research components to ensure an adequate allocation of resources to deal with the health needs of people in the districts.

3. The first selection of essential health interventions to be included in the "package", as proposed by the World Development Report, will be based on district-specific conditions (needs and resources available) and decisions. Further added interventions will be based on the incremental capacity for delivery in the districts and on results generated through research and monitoring information.

4. The findings (information and implementation experience) will be fully considered by the Tanzanian Ministry of Health with respect to national policies being developed under the health reform strategy.

5. TEHIP will be instrumental in strengthening national capacities at the district and central levels. Tanzanians will be involved fully at all stages of the project's development and implementation.

6. The research will analyze the impact on people's health status and health development resulting from the planning, management and delivery of an integrated package of essential health interventions. The research will address:

   - the determination of the information, management, policy and implementation requirements for the delivery of essential interventions; and

- the measuring of costs and evaluation of the effectiveness of the delivery of these essential health interventions, in order to determine the degree to which their integrated implementation reduces the burden of disease.

Note: Costs of intervention delivery will include inputs shared by government (all levels), the communities and any external resources. TEHIP will document the process of district level planning, priority setting, management and integrated delivery of essential interventions.

7. The data required for the research component, described above in #6, will be beyond what is routinely collected at the district level. Therefore, the research data collection requirements in Rufiji and Morogoro-Rural Districts will exceed the health information data requirements which would normally be sustained under ideal conditions.

8. The research component of TEHIP will be conducted in a manner which will result in building and strengthening the national research capacity (pertaining to public health systems analysis) in Tanzania.

2.2 WORK BREAKDOWN STRUCTURE

For the purpose of operational planning and scheduling, TEHIP has been defined in terms of outputs and results oriented activities which can be identified, scheduled, costed, organized, implemented, monitored and evaluated.

Five major outputs or elements have been identified within the scope of TEHIP. They are illustrated with their accompanying lists of activities in the **Work Breakdown Structure** (WBS) presented as **Exhibit 2.0**. A sixth output, involving the management and administration of TEHIP in Tanzania and Canada, is also presented.

2.3 MAJOR PROJECT OUTPUTS

The major challenge of TEHIP, as a health research and development initiative, will be to test how an integrated strategy for health care reform can be established and sustained. In order to address this challenge, the first three outputs presented below will deal with answering the three essential project questions, and the remaining two outputs deal with issues concerning the development of capacity among District Health Management Teams to plan and manage health resources and interventions on an improved and expanded basis.

2.3.1 **Output #1 - Question #1.** *In the context of decentralization, how, and to what extent, can District Health Management Teams establish priorities and plan the allocation of resources*

according to local estimates of burden of disease and knowledge of the cost-effectiveness of relevant interventions?

TEHIP will test a process of planning that uses burden of disease and cost-effectiveness measurements to make choices about resource allocation. The documentation of the process of planning at the district level, which will feature prominently in this output, will provide insight into the capacity and ability of District Health Management Teams in Rufiji and Morogoro-Rural Districts to gather and effectively use evidence-based data as the basis for determining district health plans.

A specific output in response to this question will be whether there is an improved level of district-health planning, which identifies priorities for essential health interventions, based on district analysis of burden of disease and cost-effectiveness measures, and an improved allocation of available health resources based on these measures.

A further result will be integrated health plans that incorporate both government and non-government health services being offered at the district level.

See **Exhibit 3.0** and **Appendix A** which describes TEHIP's Research Domains and scope of activity applicable to **Question #1**.

2.3.2 **Output #2 - Question #2.** *How, and to what extent, are these District Health Plans translated into the delivery of and use of the essential health interventions?*

This output tests the feasibility of decentralizing authority to the district level for planning the delivery of health services (i.e. testing principles of the proposed health sector reforms in Tanzania).

Knowledge gained through answering this question will indicate whether District Health Management Teams have the capacity to exercise appropriate planning and management authority to implement the plans at the district level.

Another result expected from this question will be knowledge and information on how communities were able to participate in the selection of health interventions and how they subsequently accepted them.

A specific result of this output will be an improved level of service delivery for the district of essential health interventions.

See **Exhibit 3.0** and **Appendix A** which describes TEHIP's Research Domains and scope of activity applicable to Question #2.

2.3.3 **Output #3 - Question #3.** *How, to what extent, and at what cost, does this have an impact on the burden of disease?*

Knowledge gained in answering this question will be provided by measures in the change of the burden of disease in the districts over the life of the project. The anticipated output will be the actual reduction of the overall burden of disease, as a result of the implementation of cost-effective health interventions, at a cost sustainable at the district level. Another equally important result will be the knowledge of the **actual** cost of delivering essential health interventions (cost-tracking) at the district level.

See **Exhibit 3.0** and **Appendix A** which describes TEHIP's Research Domains and scope of activity applicable to Question #3.

2.3.4 **Output #4** - *District Health Management Teams having a demonstrated ability to plan and manage district level health resources.*

TEHIP will test a planning process using burden of disease and cost effectiveness measurements for making choices about allocation of resources to support the delivery of selected health interventions at the district level.

This output, therefore, requires the project to focus on identifying the needs of the District Health Management Teams in order that efforts be made to strengthen their analytical and planning skills. It will also be important that the project evaluate whether or not district level planning, using evidence-based health data, is a feasible and sustainable approach to health planning.

This element of the project will also endeavour to provide the appropriate training and support to District Health Management Teams to enable the ongoing development and successful implementation of evidence-based district health plans.

A further anticipated result at the district level is improved coordination of both government and non-government health services (i.e. NGOs, missions, etc.) in the two districts.

For more details on this output see **Appendix A** and **Appendix C**.

2 3.5 **Output #5** - *Delivery and use of the selected health interventions improved and expanded.* One of the premises of the TEHIP is that widespread (i.e. increased district level coverage) adoption of essential clinical (e.g. pre-natal and delivery care, treatment of STDs) and public

health (e.g. EPI, School Health) interventions will result in a significant reduction in the burden of disease in the district. In order to determine if the premise is valid, the project will need to facilitate an improved and expanded level of delivery for the selected interventions (See **Appendix A** on page 44 for a full list of suggested health interventions that could be delivered at the district level in Rufiji and Morogoro-Rural).

This will require the project ensuring that the district health delivery mechanisms and infrastructure is capable of handling an improved and expanded level of service. Activities in support of this would include such things as: a) providing staff training to ensure that they are capable of delivering the interventions; b) ensuring that an appropriate supply of essential drugs and medical supplies are on hand at district hospitals, health centres and dispensaries; c) ensuring that the basic medical equipment needed in the delivery of essential health interventions is present at the appropriate facility; and d) ensuring that health facilities are in a condition which permits them to function adequately to support the delivery of the interventions, (i.e. windows, doors, roof, basic furnishings, etc.).

The project also has an interest, as an output, in measuring the change of community or consumer use of the improved services. This information is important for planning and policy purposes as it will provide knowledge of community preferences and use (or barriers to use) of health services. It is also important to obtain a clear understanding of the varied processes of gaining the confidence and participation of communities in selecting and accepting essential health interventions.

For more details on this output see **Appendix A** and **Appendix C**.

2.3.6 **Output #6** - *Project Managed and Administered*

Management and administration also constitutes a legitimate TEHIP output as it is indispensable for the implementation and achievement of the goal and purpose. This component involves management and administrative functions to be performed by the IDRC-EHIP Secretariat and TEHIP Project Office in Dar-es-Salaam, the Ministry of Health, Government of Tanzania and District Health Authorities in Rufiji and Morogoro-Rural Districts. Project management and administration also involves the responsibilities of Project Management Committees and a Project Evaluator to assist the EHIP Secretariat and the Government of Tanzania to successfully manage and implement the project. The roles to be played by CIDA, through the offices of the Canadian High Commission in Tanzania, and that of IDRC's East African Regional Office in Nairobi is also described.

For more details on this project management and administration see **Appendices C, D, E, F, G, H** and **I**.

2.4 PROJECT CONDITIONALITIES

A set of conditionalities have been agreed to by the IDRC-EHIP Secretariat and the Tanzanian Ministry of Health as prerequisites for both the funding and implementation of TEHIP. Details of these conditionalities are presented in **Appendix B** on page 55.

2.5 PROJECT IMPLEMENTATION SCHEDULE

TEHIP will begin in July 1996 **(Year #1. 1996-1997)** and run for approximately forty-eight months to June 2000 **(Year #4. 1999-2000)**. The IDRC-EHIP Secretariat (with the cooperation and collaboration of the Tanzania Ministry of Health) will carry out an on-going evaluation and review of TEHIP in participating districts beginning in **Year #1** and ending in **Year #4**.

A Project Implementation Schedule bar-chart appearing as **Exhibit 4.0** shows a start and an approximate duration time for each activity listed on the Work Breakdown Structure.

3.0 PROJECT ORGANIZATION AND MANAGEMENT

TEHIP will be organized and managed as follows:

3.1 PROJECT ORGANIZATION

A **Project Structure** diagram showing lines of authority and communications between principal project participants involved in the management and implementation of the project is presented as **Exhibit 5a**. An additional **Management Organizational Chart** showing lines of authority and communications between IDRC-EHIP Secretariat in Ottawa and the Government of Tanzania (Ministry of Health) and the TEHIP Project Office in Dar-es-Salaam, Tanzania is presented as **Exhibit 5b**. Also presented, as **Exhibit 5c**, is **Tanzania's Health Care Structure** which shows lines of political and administrative responsibility, primary resource flows and technical support between levels of government at the national, regional and district levels.

3.2 PROJECT MANAGEMENT - IDRC-EHIP SECRETARIAT AND TEHIP

The roles and responsibilities and scope of work of the **IDRC-EHIP Secretariat** and the **TEHIP Project Team** in the management and control of the project are as follows:

3.2.1 **IDRC-EHIP Secretariat** - Overall responsibility for the general direction and financial control of Canadian inputs to the project lies with the IDRC-EHIP Secretariat, hereinafter

referred to as the **Secretariat**, the Secretariat Executive Director based in Canada and the TEHIP Project Manager based in Dar-es-Salaam, Tanzania. The Secretariat will facilitate, in collaboration with the Tanzanian Ministry of Health, the acquisition of health professionals and others from the Tanzanian Ministry of Health to assist in the implementation, management and evaluation of TEHIP. The Secretariat's on-going management and administrative responsibilities will also include:

Operational Management - Through the TEHIP Project, the Secretariat will closely monitor all aspects of the project, including the funding of research projects and health development activities. This will be achieved through regular contact and receipt of progress reports from the TEHIP Project Manager and others attached to the project, through on-going liaison with the Tanzanian Ministry of Health and District Health authorities in Rufiji and Morogoro-Rural Districts and with partner organizations actively engaged or interested in health sector programming in Tanzania, including, WHO, ODA-UK, World Bank, UNICEF and the Edna McConnell Clark Foundation.

Financial Management - Monitoring and financial control of the project will be handled jointly by the Secretariat Executive Director in Ottawa and the TEHIP Project Manager in Dar-es-Salaam. Assistance in establishing effective financial and accounting systems will be provided by IDRC's Financial Services and the Regional Comptroller based in Nairobi, Kenya. Financial controls will be handled through the receipt and examination of financial reports and other pertinent documentation submitted on a regular basis by the TEHIP Project Manager. Project accounts will, at the discretion of IDRC, be audited on an annual basis. Transfer of funds will be made to the TEHIP Project Manager by the Secretariat on a regular basis in accordance with approved schedules and established IDRC financial practices and procedures. (See **Section 5.2** below with regarding how project funds will be transferred and managed at the national and district level in Tanzania).

For more details on the role and responsibilities and scope of work of the IDRC-EHIP Secretariat and the TEHIP Project Office see **Appendix C** beginning on page 58.

3.2.2 **TEHIP Project Direction** - Direction and management support for project implementation will come from two sources - the EHIP Secretariat Executive Director and the ACMO-P from the Tanzanian Ministry of Health. Their role and responsibilities are described thus:

i) EHIP Secretariat Executive Director *(Joel F. Finlay)* - Based at the IDRC-EHIP Secretariat in Ottawa, the Secretariat Executive Director's responsibilities will include obtaining various approvals associated with getting TEHIP operational, in obtaining the services of a Project Manager and a Research Manager, in liaising with key partner organizations and ensuring the smooth flow of Canadian resources to Tanzania.

ii) Assistant Chief Medical Officer-Preventative Services *(Dr. P. Kilima)* - Reporting to the Chief Medical Officer, Ministry of Health, and collaborating closely with the EHIP Secretariat Executive Director and the TEHIP Project Manager, ACMO-P, will represent the Tanzania side of TEHIP and be responsible for managing Ministry of Health inputs to the project.

For more details on the role and responsibilities of the Secretariat Executive Director and the ACMO-P see **Appendix D** beginning on page 70.

3.2.3 **TEHIP Project Team** - Management and administration of TEHIP will be carried out by a team consisting of six people, plus locally engaged support staff. They include:

i) **TEHIP Project Manager** *(To be appointed)* - The TEHIP Project Manager represents the IDRC side of TEHIP in Tanzania and, in collaboration with the ACMO-P (Tanzania Ministry of Health), establishes the TEHIP Team in Tanzania for the management and implementation of TEHIP in accordance with the TEHIP Management Plan ("Project Document"). The TEHIP Project Manager is responsible for the day-to-day management of the TEHIP Project Office and the administration and management of project resources in Tanzania and reports to the Secretariat Executive Director in Ottawa.

ii) **TEHIP Country Project Coordinator** *(Dr. H. Kasale)* - The Country Project Coordinator, on secondment from the Tanzania Ministry of Health, will be responsible for coordinating development component activities and the delivery of TEHIP resources to the districts. The Country Coordinator will also focus on providing the necessary operational and policy linkages with the Government of Tanzania and District Health Authorities.

iii) **TEHIP Research Manager** *(To be appointed)* - The TEHIP Research Manager, reporting to the TEHIP Project Manager, is responsible for the leadership and guidance, on a day-to-day basis, of the TEHIP Research Program in Tanzania in accordance with the TEHIP Project Management Plan ("Project Document") and to liaise with the IDRC-EHIP Secretariat and the ACMO-P, Tanzania Ministry of Health, regarding the research component of the project.

iv) **TEHIP Country Research Coordinator** *(Dr. C. Mbuya)* - The Country Research Coordinator, in collaboration with the Research Manager, will be responsible for coordinating, monitoring and synthesizing results of research activities, and liaising and maintaining contact with the Tanzanian Ministry of Health, District Health Officials, national research units, institutions, agencies and individual researchers regarding TEHIP research activities.

v) **TEHIP Project Finance Manager** *(To be appointed)* - The TEHIP Project Finance Manager, reporting to the Project Manager, will be responsible for the control and accounting of all Canadian project finances received in Tanzania, for maintaining accurate financial records in accordance with accepted accounting practices, in liaising with District Health Authorities on all cash transfers and accounts, and in liaising with the IDRC-EARO Regional Comptroller in Nairobi on establishing and maintaining accounts and financial operating systems and procedures.

vi) **TEHIP Project Administrator** *(To be appointed)* - Reporting to the Project Manager, the Project Administrator will be responsible for overseeing all administrative matters related to project operations and office procedures.

The TEHIP Project Team will also consist of locally engaged support staff, namely secretary/ clerk/bookkeepers, a driver and messenger, to assist in the smooth implementation and management of the project.

For more details on the role and responsibilities and scope of work of key TEHIP Project Team Members see **Appendix D** beginning on page 70.

3.2.4 **IDRC-East Africa Regional Office** (EARO)

EARO-Nairobi has an important contribution to make to the project and should remain abreast at all times of TEHIP's progress as it represents a significant IDRC health sector intervention in Africa. EARO, as the IDRC Regional Office for East Africa, will provide support services to TEHIP as requested by the EHIP Secretariat (Ottawa).

The proposed involvement of EARO-Nairobi is as follows:

- To provide the EHIP Secretariat with the benefit of advice drawn from EARO's contacts with governments and institutions and from research activities in the region;
- To participate as the IDRC representative on the EHIP International Advisory Committee;
- To assist the EHIP Secretariat monitor the project, in particular, the research component;
- To assist the TEHIP Project Manager to establish effective financial management systems and to provide on-going advice and guidance on financial administration;
- To provide or arrange training for TEHIP staff to operate the defined financial management and accounting systems; and

- To provide on-going support, advice, audit and review with respect to TEHIP financial reporting and accounting.

For more details on the role and responsibilities and scope of work of EARO see **Appendix E** beginning on page 80.

3.3 PROJECT MANAGEMENT - GOVERNMENT OF TANZANIA

The roles and responsibilities and scope of work of the Government of Tanzania in the management and control of TEHIP is as follows:

3.3.1 **Ministry of Health** *(MOH)* - The Tanzania Ministry of Health, through the offices of the Principal Secretary (PS), the Chief Medical Officer (CMO) and the Assistant Chief Medical Officer - Preventative Services (ACMO-P), will also be responsible for the smooth implementation and management of TEHIP.

In particular, the Tanzanian **Ministry of Health** will be responsible for:

- Co-signing the TEHIP Project Document with IDRC;

- Liaising with the IDRC-EHIP Secretariat and the TEHIP Project Office on all matters concerning the implementation of the project as described in the Project Document;

- Facilitating the transfer of staff to the project and facilitating the establishment of a TEHIP Project Office in Dar-es-Salaam;

- Ensuring support is received from Ministry of Health Technical Staff for TEHIP in the districts;

- Facilitating approvals required by the Government of Tanzania to conduct research in support of TEHIP;

- Facilitating dialogue with and obtaining the support from other participating ministries, institutions and government agencies;

- Ensuring, to the extent possible, that agreed to levels of GOT funding for health in the two districts in question do not drop below levels agreed to in the Memorandum of Understanding; and

- Attending and participating in the deliberations of all project management and advisory committees.

For more details on the role and responsibilities and scope of work of the Tanzanian Ministry of Health see **Appendix F** beginning on page 83.

3.3.2 **Prime Minister's Office** *(Regional Administration and Local Government)* - The Office of the Prime Minister (PMO), through Regional Administration and Local Government, will also be responsible for ensuring that TEHIP is smoothly implemented at the district level and that the cooperation of regional and district authorities is obtained.

In particular, the Prime Minister's Office will be responsible for:

- Facilitating the full cooperation and participation of Regional and District Authorities in all project activities in Rufiji and Morogoro-Rural Districts;

- Authorizing the collection of data in the districts by District Health Management Teams;

- Liaising closely with the Ministry of Health and District Authorities on all matters concerning project implementation; and

- Attending and participating in meetings of the Project Steering Committee (PSC) and the Project Operations Committee.

For more details on the role and responsibility and scope of work of the Prime Minister's Office see **Appendix G** beginning on page 87.

3.3.3 **Regional and District Authorities** *(Rufiji and Morogoro-Rural Districts)* - The support and cooperation of Regional and District Authorities will be critical to the success of TEHIP and the achievement of sustainable results. Although change is expected at the district level with the coming of administrative reforms and decentralization, the current management and operating structures of Regional and District Authorities (See **Exhibit 5c**) with respect to the delivery of health and social services to local communities is complex. Under TEHIP, the role and responsibility of the districts, through the offices of the District Executive Directors (DED) and the District Medical Officers (DMO), will be to provide direct support and assistance in implementing the project and in achieving the desired results. Regional authorities will provide technical and administrative support where appropriate.

In particular, Regional and District Authorities will be responsible for:

- Ensuring that various committees and administrative structures at the district level are fully informed of TEHIP and their support received;

- Ensuring that TEHIP and GOT financial resources transferred to the districts are managed efficiently;

- That improvements to district and community health facilities to meet minimum standards are carried out; and

- That district health plans are developed and that essential health interventions delivered.

For more details on the role and responsibilities and scope of work of Regional and District Authorities (Rufiji and Morogoro-Rural Districts) see **Appendix H** beginning on page 89.

3.4 PROJECT MANAGEMENT - OTHERS

The roles and responsibilities and scope of work of others in the management and implementation of TEHIP are as follows:

3.4.1 **Canadian International Development** - The Canadian International Development Agency (CIDA), through the Canadian High Commission in Dar-es-Salaam, will endeavour to provide the same level of support to TEHIP as it would to other development assistance projects of similar size and scope being implemented by Canadian institutions or organizations receiving Government of Canada funding. Support would mainly involve assistance in concluding a formal MOU with the Government of Tanzania; facilitating administrative arrangements provided for under the MOU and the Canada-Tanzania General Agreement; monitoring the health sector and TEHIP; and facilitating coordination, when requested to do so, between TEHIP and other international donors engaged in the country's health sector.

For more details on the role and responsibilities and scope of work of CIDA see **Appendix I** beginning on page 92.

3.4.2 **TEHIP Project Evaluator** - The EHIP Secretariat will contract the services of a Project Evaluator to evaluate TEHIP throughout the course of the project beginning in **Year #1** (1996-1997). The proposed approach to the evaluation is dynamic and will allow responsiveness to emerging needs and questions to evolve as the project progresses. When specific objectives and methodologies are developed for the delivery of TEHIP essential health interventions, the Project Evaluator will be able to ensure that the corresponding evaluation data needs are met. The evaluation will be undertaken with the following objectives:

- **To review and document** the process of project management, both external to and within Tanzania, including data collection, establishment of priorities, allocation of resources and delivery of the minimum or essential packages of health services.

- **To provide on-going feedback** to TEHIP project staff, the Project Steering Committee and the Scientific Advisory Committee, regarding project implementation in order to facilitate mid-course corrections, if needed.

- **To assess project outcomes** including, capacity building, health impacts and the feasibility and sustainability of using analytical approaches for district health planning at the district level.

- **To ensure prompt reporting** to other project stakeholders, including international donors (bilateral and multilateral), the Government of Tanzania (national, regional and district levels), project managers, and target communities on the progress and impact of the project.

For more details on the role and responsibilities and scope of work of the TEHIP Project Evaluator see **Appendix J** beginning on page 95.

3.5 PROJECT MANAGEMENT - MANAGEMENT AND ADVISORY COMMITTEES

The management and implementation of the project will benefit from the deliberations and good counsel of the following management and advisory committees: The **International Advisory Committee**, a **Project Steering Committee**, a **Project Operations Committee** and a **Scientific Advisory Committee**.

TEHIP will also benefit from the input and critical review of interested partner organizations, agencies and institutions engaged in health planning and health delivery systems through annual workshops or other forms of meetings that will be organized and held in Tanzania or other East African countries.

The roles and responsibilities of the management and advisory committees are as follows:

3.5.1 **EHIP International Advisory Committee** - *(Chairperson: Dr. Maureen Law)* - The International Advisory Council (IAC), previously referred to as the EHIP Steering Committee, will provide overall policy guidance and direction to activities of EHIP and will review and make comment, on behalf of IDRC and its collaborating agencies, on all plans, budgets and project results. The IAC will meet at least once a year to review EHIP activities. The Executive Director of the IDRC-EHIP Secretariat will act as Secretary to IAC and also be an *ex-officio* member.

For more details on IAC and its membership see **Appendix K** beginning on page 99.

3.5.2 **EHIP Scientific Advisory Committee** - *(Chairman: Dr. D. Habte)* - The EHIP Scientific Advisory Committee (SAC) will meet at least once a year, more often if required, and be responsible for providing leadership in the development of research plans necessary to address the three essential EHIP questions (See **Section 2.3** above), and to ensure technical monitoring and evaluation of research activities continues throughout the duration of the project. SAC will also provide advice and guidance on project design and research plans; on identifying research issues relevant and practical to EHIP objectives and district health conditions; on identifying and prioritizing additional related research questions; and on providing advice and good counsel on research methodologies as well as on scientific and ethical issues related to the execution and anticipated impact of EHIP.

For more details on SAC and its membership see **Appendix K** beginning on page 99.

3.5.3 **TEHIP Project Steering Committee** - *(Chairmen: Principal Secretary, Ministry of Health, Government of Tanzania and the EHIP Secretariat Executive Director)* - The Project Steering Committee (PSC) will be the key management committee on TEHIP and will be responsible for providing overall project direction and policy decisions, including approval of Annual Work Plans and Budget Estimates for submission to the Secretariat. The PSC, which will meet at least once a year in Dar-es-Salaam, will also approve in principle all procedures governing the call and selection of research proposals being funded by TEHIP. Meetings will be chaired alternately by the Ministry of Health and the IDRC-EHIP Secretariat. The TEHIP Project Manager, acting as PSC Secretary, will be responsible for recording the minutes of meetings and for distributing them after receiving appropriate approval for doing so from the PSC Chairman.

For more details on the PSC and its membership see **Appendix K** beginning on page 99.

3.5.4 **TEHIP Project Operations Committee** - *(Chairman: Assistant Chief Medical Officer - Preventive Services, Ministry of Health, Government of Tanzania)* - The Project Operations Committee (POC), which will meet quarterly, more often when required, will be responsible for providing overall technical and management coordination of the project in Tanzania. Specifically, it will be responsible for establishing operational linkages between the TEHIP Office and the Government of Tanzania (Ministry of Health and the Prime Minister's Office) and district health authorities to ensure the smooth implementation of the project and for removing obstacles to the successful achievement of objectives. POC will also be responsible for ensuring that the flow of project resources, especially to district health authorities, proceeds with efficiency and that accounting and reporting procedures are rigidly followed, and that Annual Work Plans accurately reflect what can and needs to be done for project success.

For more details on POC and its membership see **Appendix K** beginning on page 99.

4.0 PROJECT REPORTING

TEHIP reporting requirements are shown on the Reporting Matrix appearing as **Exhibit 6.0**. Key project reports will include:

4.1 PROGRESS AND FINANCIAL REPORTS

Quarterly Progress and Financial Reports will be submitted to the IDRC-EHIP Secretariat by the TEHIP Project Manager on a timely basis (within three weeks of the close of the previous reporting period) that will describe actual activities and progress being achieved against original plans and budgets. Any substantive variances (+ or -) or significant problems will need to be reported and/or explained on a "reporting-by-exception" basis. Quarterly Progress and Financial Reports will also provide financial information and forecasts for the remaining quarters of the year and up-dates for the remaining project years. In the last Quarterly Progress and Financial Report of each year (usually the January to March period), the TEHIP Project Manager will also be required to present an annual overview and describe what the main findings have been and what progress has been achieved

Each Quarterly Progress Report will also contain a brief accounting of research activities and the number of research proposals that have been funded. This accounting will be provided by the Project Research Manager and Country Project Research Coordinator.

In the last Progress and Financial Report to be submitted (July 2000), the TEHIP Project Manager will provide an "End-of-Project-Report" that will provide a full overview of the project and describe progress achieved in realizing the goal, objectives, outputs and expected results. The report will also contain information and detail on substantive lessons learnt during the course of the project that have either had a positive or negative impact on the health sector.

Additional information on Quarterly Progress and Financial Reports can be found in **Appendix C - Activity #415** on page 67).

4.2 ANNUAL WORK PLANS

Annual Work Plans (AWP) and Budget Estimates will be produced by the TEHIP Project Manager each January-February, ideally to coincide with a meeting of the TEHIP Project Steering Committee. AWPs will outline proposed work schedules, activities, budget and cash

flow projections for the coming year on a quarterly basis. Financial projections to project end will also be required in each AWP with any significant variance (+ or -) being explained.

Additional information on Annual Work Plans can be found in **Appendix C - Activity #416** on page 69).

4.3 RESEARCH REPORTS

Forming an integral part of all research agreements between TEHIP and research organizations, agencies, organizations and individuals, will be reporting requirements. Groups or individuals receiving funding to carry out approved research activities will be required to report to the TEHIP Research Manager and the Country Project Research Coordinator on a regular basis to keep the project abreast of all developments, findings and anticipated results.

5.0 PROJECT FINANCES

The estimated total cost of TEHIP is **$20,024,000** of which IDRC's contribution will amount to **$16,443,300**. The remaining **$3,581,000** (TSh 1,432,400,000) will represent the contribution of the Government of Tanzania.

5.1 PROJECT BUDGET - IDRC CONTRIBUTION

IDRC's contribution of **$16,443,300** to the project (See **Exhibit 7a** with cash flow projections) will be broken down as follows:

5.1.1 **Delivery of Essential Health Interventions** - This will include direct costs associated with the determination and the delivery of essential health interventions into Rufiji and Morogoro-Rural Districts. These would include cost of essential drugs and medical supplies making up the health interventions, travel, training and assessments (impact and cost-tracking) associated with the delivery of the health interventions at the district level.

Estimated Cost: **$8,811,000**

5.1.2 **Research Projects Funded** - This covers costs associated with the funding of research projects proposed, approved and contracted by TEHIP.

Estimated Cost: **$3,011,000**

5.1.3 **District Health Facilities Improved** - This covers the costs of minor repairs and refurbishment of district level health facilities (i.e. clinics, community health centres, etc.) to bring them up to minimum standards for the effective and efficient delivery of essential health interventions.

Estimated Cost: **$600.000**

5.1.4 **TEHIP Management and Administration** - This includes all costs associated with the establishment and operation of the TEHIP Project Office in Dar-es-Salaam. For example, staff salaries and benefits, office rent (if applicable), office equipment, supplies and furnishings, vehicles and operating expenses, staff travel and communications.

Estimated Cost: **$2,680,550**

5.1.5 **WHO Technical Support** - To provide support to WHO in Tanzania to carry out essential health intervention activities (i.e. advisory services, training, etc.).

Estimated Cost: **$1,100,000**

5.1.6 **EHIP/TEHIP Evaluation** - This covers the costs associated with the establishment of a Project Evaluation Team (up to 10 people) to carry out a comprehensive evaluation, beginning in Year #1 and ending in Year #4.

Estimated Cost: **$240,750**

TEHIP CANADIAN FINANCIAL RESOURCES
BY ELEMENT, COST AND PERCENTAGE

TEHIP Element	Cost Canadian $s
1. Health Interventions Delivery	$8,811,000 (54%)
2. Research Projects	$3,011,000 (18%)
3. District Health Facilities	$ 600,000 (4%)
4. TEHIP Management Services	$2,680,550 (16%)
5. WHO Technical Support	$1,100,000 (7%)
6. EHIP/TEHIP Evaluation	$ 240,750 (1%)
TOTAL	**$16,443,300 (100.0%)**

5.2 PROJECT BUDGET - GOVERNMENT OF TANZANIA'S CONTRIBUTION

The Government of Tanzania's contribution to the project amounts to **$3,581,000 (TSh 1,432,400,000)**.

Tanzania will maintain its annual funding for health services at a minimum level of **TSh 116,630,000 for Rufiji District** and **TSh 236,570,000 for Morogoro-Rural District** for the period July 1st, 1996 to June 30th, 2000. A further **TSh 4,770,000** per year will be provided by the Ministry of Health to cover the cost of technical and management services directed at TEHIP. **Exhibit 7b** provides details with notional cash flow projections throughout the project period.

5.3 FINANCIAL ADMINISTRATION - FIELD OPERATIONS

TEHIP financial resources from the EHIP Secretariat will be managed as follows:

5.3.1 Flow of Project Funds: Ottawa to Dar-es-Salaam

The transfer of funds for TEHIP will be directly from IDRC in Ottawa to the TEHIP Project Office (TEHIP bank account in Dar-es-Salaam). Transfers will done on a pre-defined cash flow basis and on receipt of quarterly financial reports.

5.3.2 Release of Project Funds

Transfers of project funds will be as follows:

- Transfers to the Tanzania Ministry of Health - TEHIP Account (Tanzanian Shillings and Foreign Exchange);
- Transfers to the District TEHIP Accounts - Special or a sub-account of Tanzania Government Account #6 (Tanzania Shillings only); and
- All funds transferred to either the MOH or District TEHIP accounts will be in accordance with approved budgets, cash-flow projections, milestones and accepted financial reports from the previous period.

5.3.3 Signing Authorities

Funds will be released from the TEHIP bank account in Dar-es-Salaam on the signing authority of the TEHIP Project Manager.

- Release to the Ministry of Health TEHIP Account will be initiated by the TEHIP Project Manager on the basis of approved budgets and schedules;
- The TEHIP Project Manager will have signing authority for the release of funds to District TEHIP Accounts; however, the TEHIP Project Manager will require "recommendation authorization" from the ACMO-P at the Ministry of Health as a pre-condition to authorize the release of funds to the districts;

- Full details of authorizing signatures (i.e. levels of signing authorities) for both the MOH and District TEHIP Accounts will be fully defined by IDRC's Financial Services and Regional Comptroller and appropriate Government of Tanzania officials; and

- The TEHIP Project Manager will have no signing authority over the Ministry of Health Account.

EXHIBITS

Tanzania Essential Health Interventions Project
(TEHIP)

EXHIBIT 1.0
LOGICAL FRAMEWORK ANALYSIS

PROJECT: Tanzania Essential Health Interventions Project (TEHIP)

COUNTRY: Tanzania, East Africa

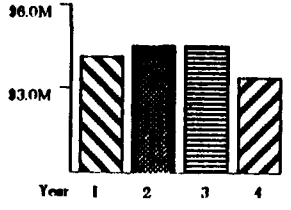
NARRATIVE SUMMARY	SUSTAINABLE RESULTS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	CRITICAL ANALYSIS
PROJECT GOAL To test the feasibility and measure the impact of an evidence-based approach to health planning at the district level.	**LONG-TERM EFFECT/IMPACT** • New knowledge, experiences and developments concerning this approach to health sector reform and health service delivery. • New knowledge on the value and use of health management information at the district level in determining the type, scale and cost of essential health interventions. • Wiser health investment decisions in the health sector.	**V. I. TO GOAL** • Results included in health reform strategies and plans at the national and district level. • Appropriate levels of support to and investment in evidence-based planning for essential health interventions at the district level.	• Scientific Journals. • Government Health Budgets. • International Donor Reports. • MOH Reports. • MOH Policies and Plans.	**CRITICAL ASSUMPTIONS Re: GOAL** • That EHIP is accepted as a valid demonstration for health sector reform. • That approaches and processes prove to be easily transferable and replicable. • That policy and program planners at both the district and national levels respond decisively to research findings and recommendations.
PROJECT PURPOSE/OBJECTIVES TEHIP will seek to: a) Strengthen district level capacity to plan and set priorities using burden of disease and cost-effective analyses for resource allocation; b) Increase district level capacity to effectively deliver the selected health interventions; c) Assess and document lessons learned in district health planning and management systems/processes; d) Measure the overall impact of delivered health interventions in terms of burden of disease (BOD).	**SHORT-TERM EFFECT/IMPACT** • Increased capacity and knowledge at the district level to plan and deliver cost-effective essential health interventions. • Increased knowledge and understanding at the district level of health planning and management systems/processes. • Broad acceptance of the concept of health planning based on burden of disease and cost-effectiveness analyses.	**V. I. TO PURPOSE** • Districts Health Teams understanding and working effectively evidence-based health planning techniques and processes. • Improved communications between health authorities, health practitioners and communities. • Priorities determined and resources allocated based on District Health Plans. • Improved community effectiveness of essential health interventions.	• MOH Reports and Plans. • District Health Plans. • District Health Budgets. • Research Results. • TEHIP Reports and Discussion Papers. • Monitor and Evaluation Reports.	**CRITICAL ASSUMPTIONS Re: PURPOSE** • That there is GOT commitment that levels of health funding for Rufiji and Morogoro (Rural) Districts do not fall below levels specified in the Memorandum of Understanding. • That GOT, Districts and communities accept and support the selected essential health interventions. • That research findings are clear and plausible from a development planning viewpoint.
PROJECT OUTPUTS 1. Answers provided to three essential project questions. How, to what extent can: i) District Health Management Teams establish priorities and plan the allocation of resources according to local estimates of burden of disease and cost effectiveness of relevant interventions? ii) District Health Plans be translated into the delivery of and use of the essential health interventions? and iii) How, to what extent and at what cost does this have an impact on burden of disease? 2. District Health Teams having a demonstrated ability to plan and manage district level health resources. 3. Delivery and use of the selected health interventions improved and expanded.	**OUTCOME** • Improved health planning and delivery of essential health interventions resulting in reduced burden of disease at the district level. • Better comprehensive district health plans involving input from government, NGOs and the private sector. • Improved ability to manage health resources at the district level. • Improved allocation of health resources based on BOD priorities and cost-benefit analyses. • District level health practitioners better motivated and more involved in planning and the delivery of essential health interventions. • Increased coverage and community confidence in essential health interventions.	**V. I. TO OUTPUTS/OUTCOME** • Evidence of change in District Health Planning. • Evidence of change in the allocation of health resources at the district level. • Evidence of acceptable financial management practices at the district level. • Reduced mortality & morbidity levels. • Community and consumer acceptance of health interventions introduced and the participatory approach employed in determining type and level of service needed. • An understanding of the obstacles affecting health resource allocation decisions at the district level.	• District Health Reports and Statistics. • Surveys. • TEHIP Field Reports. • TEHIP Research Reports. • Seminar and Workshop Proceedings. • Monitor and Evaluation Reports. • District Financial and Management Audits.	**CRITICAL ASSUMPTIONS Re: OUTPUTS** • That government continues to support the process of decentralized health planning and management at the district level and continues to provide appropriate financial and other support. • That personnel attached to District Health Teams remain committed to the planning and implementation process and remain active in District Health systems. • That the selected health intervention(s) are within the district's capacity to manage and implement on a sustainable basis. • That TEHIP and other health resources flowing to participating districts are managed and used efficiently and effectively.
PROJECT INPUTS ($'000s) a) Delivery of Health Interventions $8,811,000 b) Research Projects Funded $3,011,000 c) District Health Facilities Improved $ 600,000 d) TEHIP Management & Admin $2,680,550 e) WHO Technical Support $1,100,000 f) EHIP/TEHIP Evaluation $ 240,750 TOTAL $16,443,300	**CASH FLOW PROJECTIONS**  Year #1 (1996-1997) $4,002,250 Year #2 (1997-1998) $4,289,850 Year #3 (1998-1999) $4,404,100 Year #4 (1999-2000) $3,747,100 **TOTAL $16,443,300**		• TEHIP Field Reports. • TEHIP Financial Reports • TEHIP Project Audits. • Monitor and Evaluation Report	**CRITICAL ASSUMPTIONS Re: INPUTS** • That the commitment of GOT to the process of delegating authority to the district level continues with respect to the planning and allocation of health resources. • That District Health Authorities are willing to accept the delegated responsibility. • That financial management controls for TEHIP and GOT funds at the district level are adequate.

EXHIBIT 2a

WORK BREAKDOWN STRUCTURE

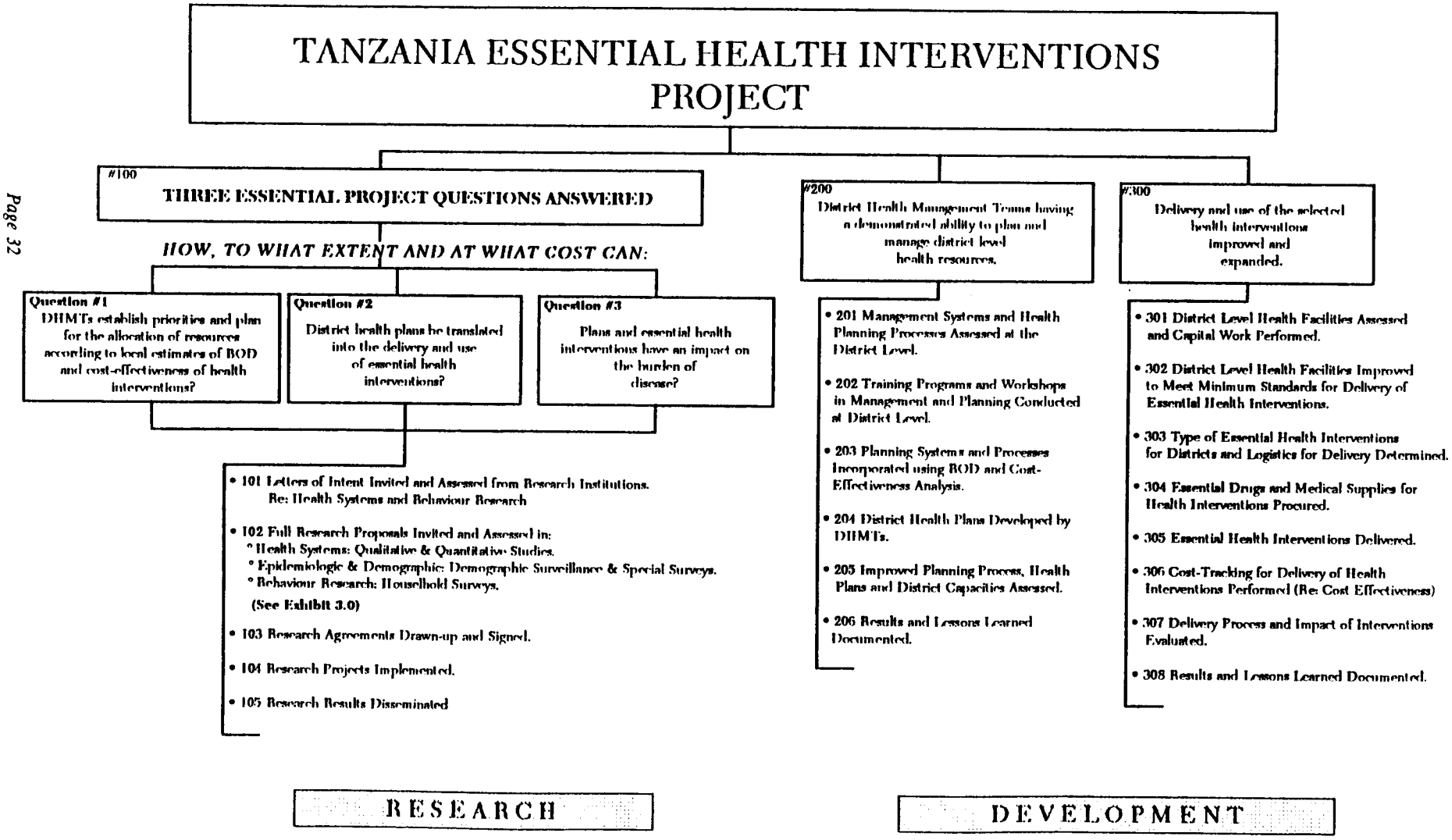


EXHIBIT 2b
WORK BREAKDOWN STRUCTURE

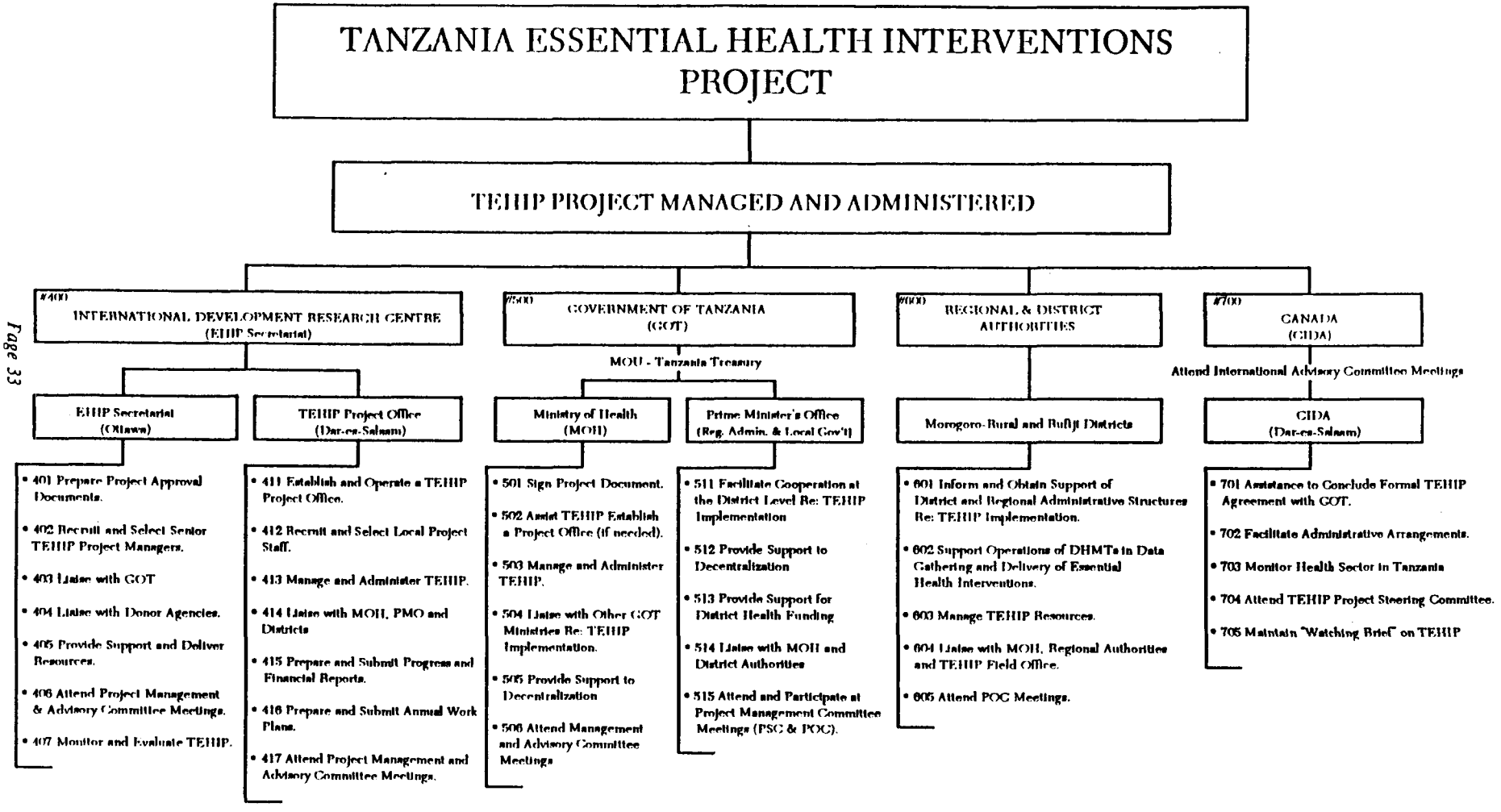
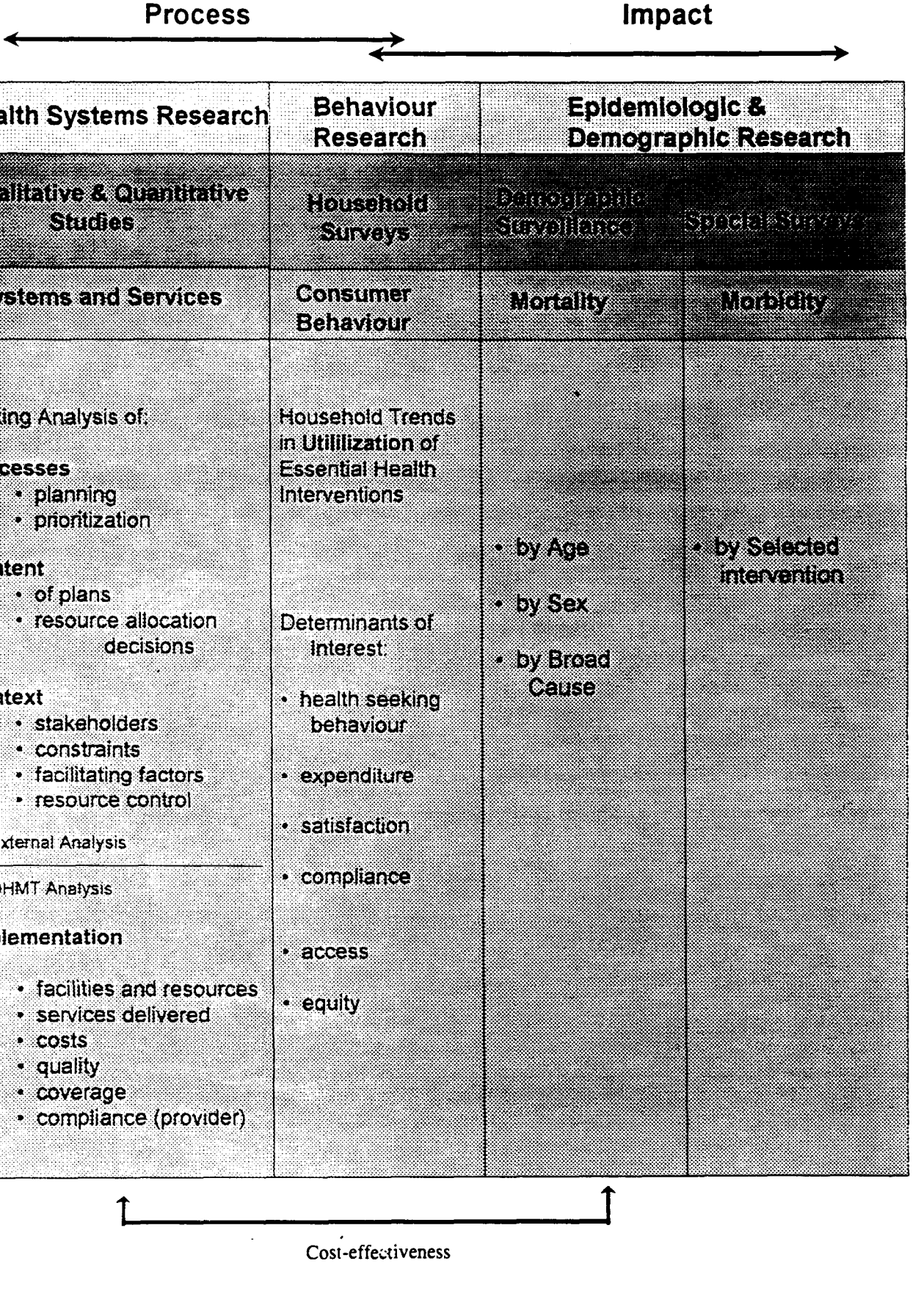


EXHIBIT 3.0

TEHIP RESEARCH DOMAINS



May 7, 1996

EXHIBIT 4a

PROJECT	PROJECT IMPLEMENTATION SCHEDULE	Date (D/M/Y) March 29th, 1996
TANZANIA ESSENTIAL HEALTH INTERVENTIONS PROJECT (TEHIP)	LEGEND: Critical; Less Critical	Prepared by: EHIP Secretariat Ottawa, Canada
COUNTRY: TANZANIA	Start July 1996	Finish June 2000

WBS No	ACTIVITY DESCRIPTION	Year #1 1996-1997	Year #2 1997-1998	Year #3 1998-1999	Year #4 1999-2000	Year #5 2000-2001	Year #6
Outputs #1 to #3 - Essential Project Questions Answered							
#101	Letters of Intent Invited and Assessed						
#102	Full Research Proposals Invited and Assessed						
#103	Research Agreements Drawn-Up and Signed						
#104	Research Projects Implemented						
#105	Research Results Disseminated						
Output #4 - DHTs Ability to Plan & Manage Resources							
#201	Management Systems & Health Planning Assessed						
#202	Training Programs in Management & Planning Conducted						
#203	Planning Systems and Processes Incorporated						
#204	District Health Plans Developed by DHMTs						
#205	Improved Management & Health Planning Assessed						
#206	Results and Lessons Learned Documented						
Output #5 - Health Interventions Improved and Expanded							
#301	District Health Facilities Assessed & Capital Work Performed						
#302	District Health Facilities Improved						
#303	Type of District Health Interventions Determined						
#304	Essential Drugs and Medical Supplies Procured						
#305	Essential Health Interventions Delivered						
#306	Cost-Tracking for Delivery of Health Interventions Performed						
#307	Delivery Process & Health Interventions Assessed						
#308	Results and Lessons Learned Documented						

EXHIBIT 4b

PROJECT: ESSENTIAL HEALTH INTERVENTIONS PROJECT (EHIP)	PROJECT IMPLEMENTATION SCHEDULE	Date (D/M/Y) April 18th, 1996
COUNTRY: TANZANIA	LEGEND: Key; Intermittent	Prepared by: EHIP Secretariat, Ottawa, Canada
	Start July 1996 →	Finish June 2000 ←

WBS No	ACTIVITY DESCRIPTION	Year #1 1996-1997	Year #2 1997-1998	Year #3 1998-1999	Year #4 1999-2000	Year #5 2000-2001	Year #6
Project Managed and Administered - EHIP Secretariat							
#401	Prepare Project Approval Documents	Key					
#402	Recruit and Select Senior TEHIP Project Manager	Key					
#403	Liaise with GOT	Intermittent	Intermittent	Intermittent	Intermittent	Intermittent	
#404	Liaise with International Donor	Intermittent	Intermittent	Intermittent	Intermittent	Intermittent	
#405	Provide Support and Deliver Project Resources	Key	Key	Key	Key		
#406	Attend Project Management and Advisory Committees	Key	Key	Key	Key		
#407	Monitor and Evaluate EHIP/TEHIP	Key	Intermittent	Intermittent	Intermittent	Key	
Project Managed and Administered - TEHIP Project Office							
#411	Establish TEHIP Project Office in Dar-es-Salaam	Key					
#412	Recruit and Select Local Project Staff	Key					
#413	Manage and Administer TEHIP	Key	Key	Key	Key		
#414	Liaise with MOH, PMO and District Authorities	Intermittent	Intermittent	Intermittent	Intermittent	Intermittent	
#415	Prepare and Submit Progress and Financial Reports	Key	Key	Key	Key	Key	
#416	Prepare and Submit Annual Work Plans	Key	Key	Key	Key		
#417	Attend Project Management and Advisory Committees	Key	Key	Key	Key		
Project Managed and Administered - Ministry of Health							
#501	Sign Project Document with IDRC	Key					
#502	Assist in Establishing TEHIP Project Office	Key					
#503	Manage and Administer TEHIP	Key	Key	Key	Key		
#504	Liaise with Other GOT Ministries	Intermittent	Intermittent	Intermittent	Intermittent	Intermittent	

EXHIBIT 4c

PROJECT	PROJECT IMPLEMENTATION SCHEDULE	Date (D/M/Y) April 18th, 1996
ESSENTIAL HEALTH INTERVENTIONS PROJECT (EHIP)	LEGEND: Key; Intermittent	Prepared by: EHIP Secretariat Ottawa, Canada
COUNTRY: TANZANIA	Start July 1996	Finish June 2000

WBS No	ACTIVITY DESCRIPTION	Year #1 1996-1997	Year #2 1997-1998	Year #3 1998-1999	Year #4 1999-2000	Year #5 2000-2001	Year #6
#505	Provide Support to Decentralization						
#506	Attend Management and Advisory Committees						
Project Managed and Administered - PMO							
#511	Facilitate Cooperation and District Level						
#512	Provide Support to Decentralization						
#513	Provide Support for District Health Funding						
#514	Liaise with MOH and District Authorities						
#515	Attend Project Management Committees						
Project Managed and Administered - District Authorities							
#601	Obtain Support from District Administrative Structures						
#602	Support Operations of DHMTs						
#603	Manage TEHIP Resources and District Level						
#604	Liaise with MOH and TEHIP Project Office						
#605	Attend POC Meetings						
Project Managed and Administered - CIDA							
#701	Assist Conclude Formal TEHIP Agreement						
#702	Facilitate Administrative Arrangements						
#703	Monitor Health & Social Sectors in Tanzania						
#704	Attend TEHIP PSC Meetings						
#705	Maintain Watching Brief on TEHIP						

EXHIBIT 5a

TANZANIA ESSENTIAL HEALTH INTERVENTION PROJECT

PROJECT STRUCTURE

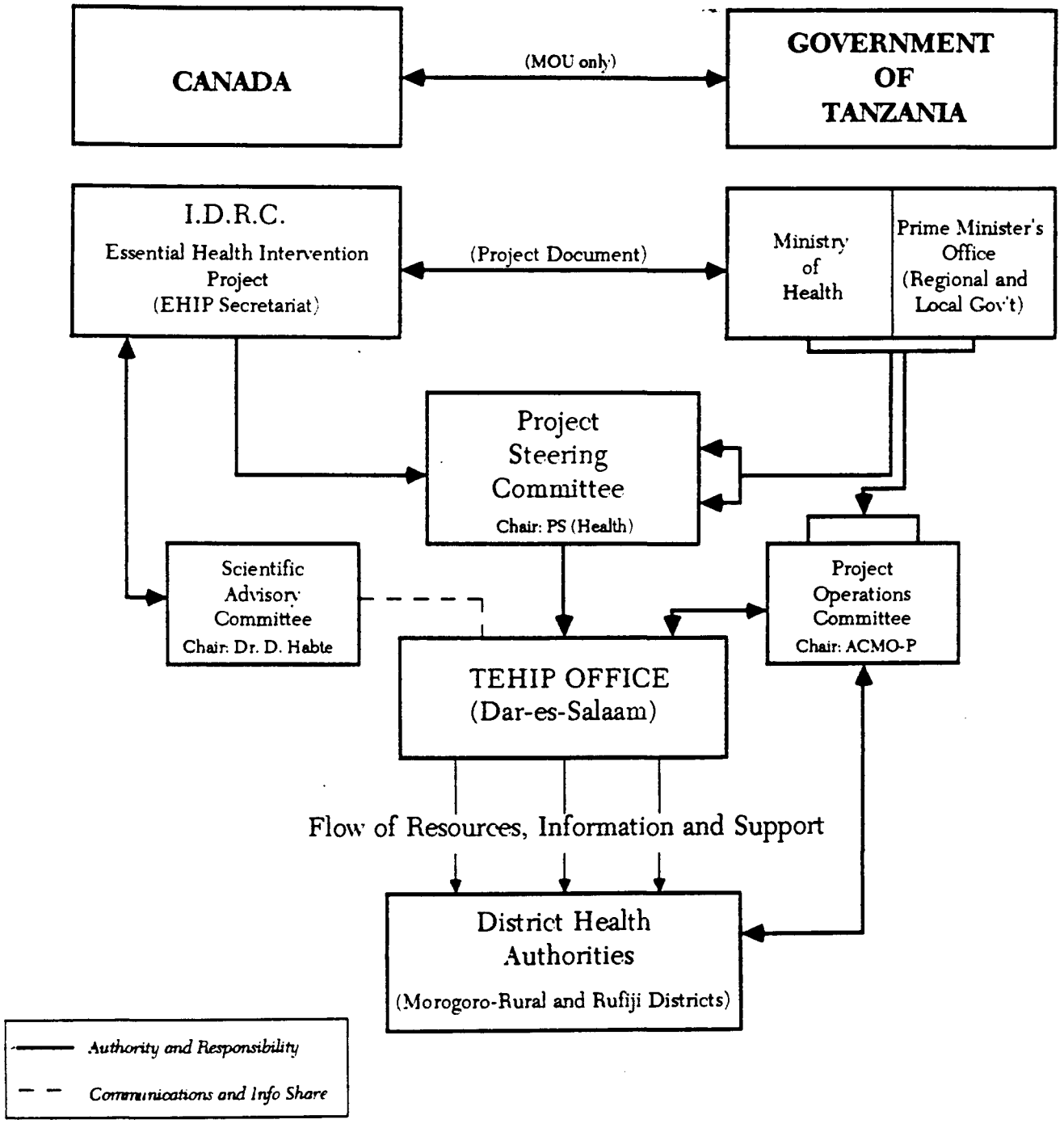
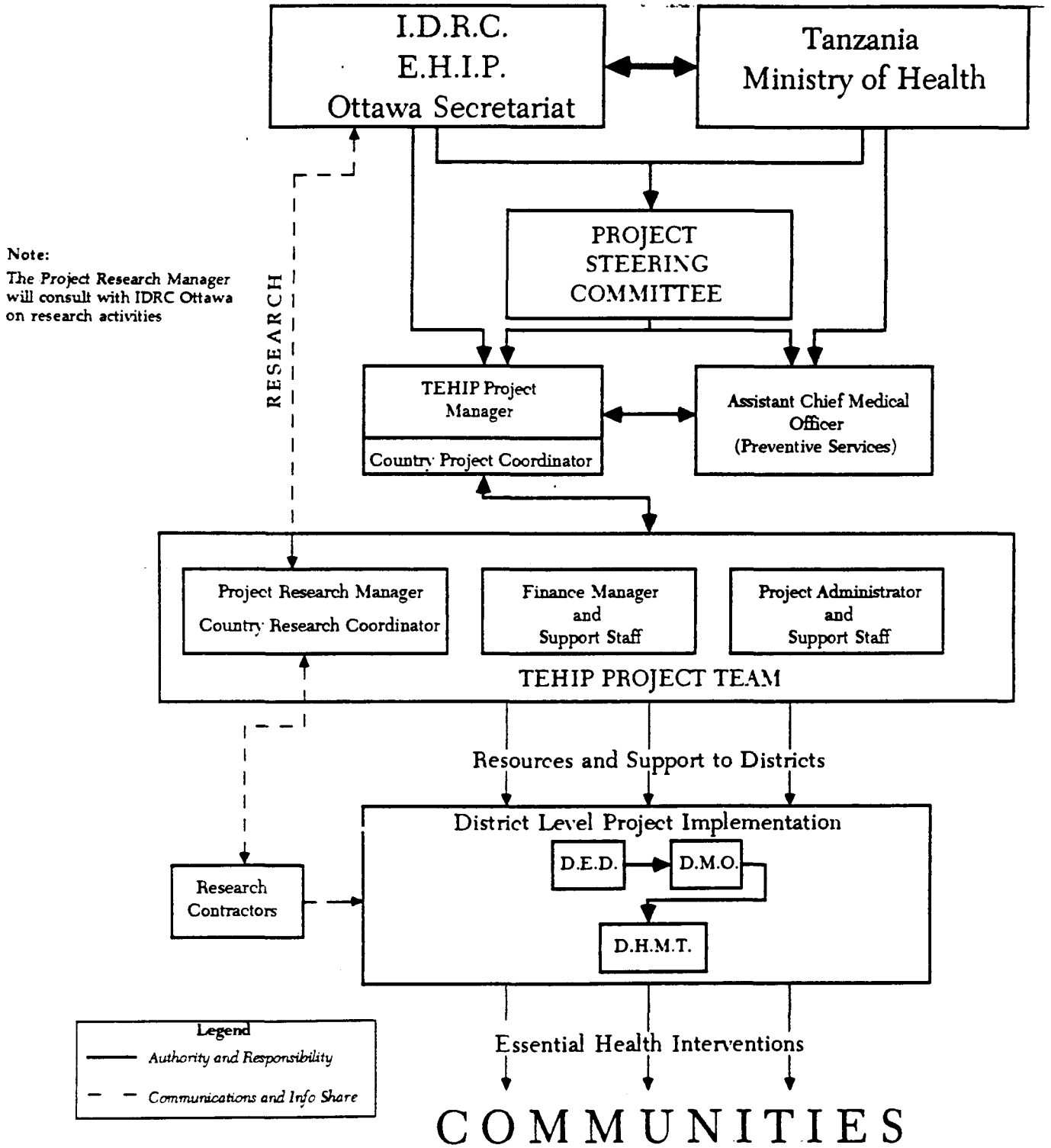


EXHIBIT 5b

TANZANIA ESSENTIAL HEALTH INTERVENTION PROJECT

PROJECT MANAGEMENT CHART



Note:
The Project Research Manager will consult with IDRC Ottawa on research activities

Version 3.0 (April 18th, 1996)

EXHIBIT 5c

TANZANIA ESSENTIAL HEALTH INTERVENTION PROJECT

TANZANIAN HEALTH CARE STRUCTURE

EPI/EDP = Vertical Health Programs
RC = Regional Commissioner
RDD = Regional Development Director
RMO = Regional Medical Officer

DC = District Commissioner
DAO = District Administrative Officer
DED = District Executive Director
DMO = District Medical Officer

—— Line of admin/political responsibility
▬▬ Line of primary resource flow
— — Line of technical responsibility

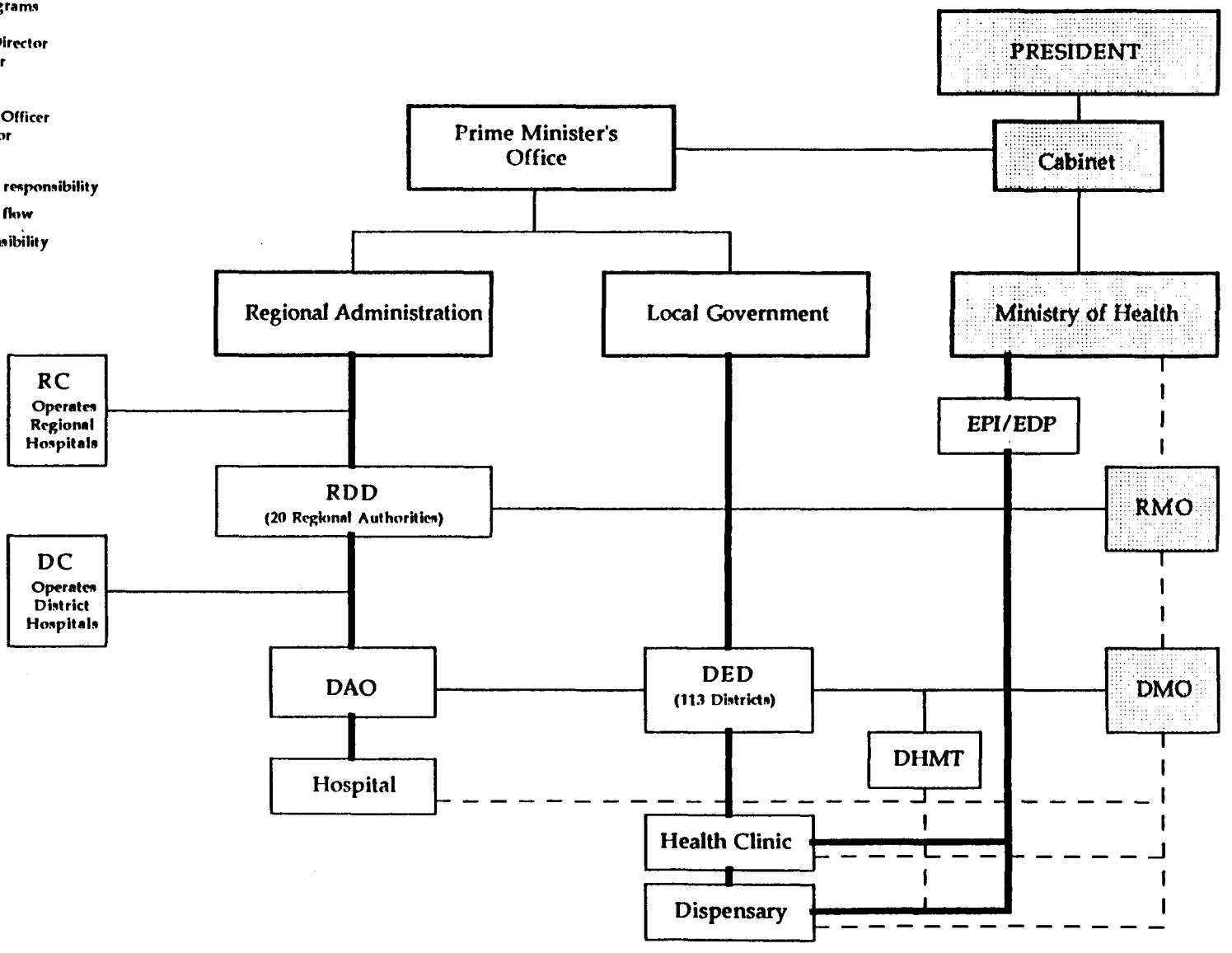


EXHIBIT 6.0

Tanzania Essential Health Interventions Project (TEHIP)

REPORTING MATRIX

REPORTS AND DOCUMENTS FOR PROJECT CONTROL

REPORT TITLE	PREPARED BY	DISTRIBUTED BY	RECIPIENTS •					FREQUENCY	COPIES
			SEC	MOH	DHA	CIDA	OTHERS		
1. TEHIP Quarterly Progress and Financial Reports	TEHIP Project Manager	TEHIP Project Manager	X	X	XX	X	X X X X	Quarterly	As Required
2. TEHIP Annual Work Plans	TEHIP Project Manager	TEHIP Project Manager	X	X	XX		X X X X	Annual	Eight
3. Minutes of Project Steering Committee	TEHIP Project Manager	u.f.s. P. S. MOH	X	X	XX	X	X X X X	Twice a Year	As Required
4. Minutes of Scientific Advisory Committee	TEHIP Research Manager	u.f.s. Chairman SAC	X	X	XX		X X X X	At Least once a Year	As Required
5. Minutes International Advisory Committee	EHIP-Secretariat Executive Director	u.f.s. Chairperson IAC	X	X		X	X X X X	At Least Once a Year	As Required
6. Minutes of TEHIP Operations Committee	TEHIP Country Project Coordinator CPC	TEHIP Project Manager & CPC	X	X	XX		XX	Quarterly	As Required
7. TEHIP Evaluator Report	Evaluation Team Leader	EHIP-Secretariat Executive Director	X	X	XX	X	X X X X	Mid-Term and End-of-Project	As Required
8. TEHIP Research Reports	Researchers and Research Manager	TEHIP Research Manager	X	X	XX		X X X X	As produced	As Required

• Recipients
SEC = IDRC-EHIP Secretariat Ottawa (Note: The Secretariat will be responsible for distributing reports to IDRC Senior Management and IDRC-EARO).
MOH = Tanzania Ministry of Health
DHA = District Health Authorities (Morogoro-Rural & Rufiji)
CIDA = Canadian International Development Agency
Other = EARO, WHO, UNICEF, ODA, World Bank, etc.
u.f.s = Under Forwarding Signature

EXHIBIT 7a

TANZANIA ESSENTIAL HEALTH INTERVENTIONS PROJECT
IDRC CONTRIBUTION
PROJECT BUDGET AND CASH FLOW

(Cdn$'000s)

ITEMS	Year #1 1996-1997	Year #2 1997-1998	Year #3 1998-1999	Year #4 1999-2000		TOTAL
1. Delivery of Essential Health Interventions to Districts	$1,865.50	$2,228.50	$2,643.5	$2,073.50		$8,811.00
2. Research Project Funded	$ 866.00	$ 815.00	$ 665.00	$ 665.00		$3,011.00
3. Health Facilities Improved in Districts	$ 250.00	$ 250.00	$ 100.00	-		$ 600.00
4. TEHIP Management and Administration (Field)	$ 668.75	$ 667.60	$ 665.60	$ 678.60		$2,680.55
5. WHO Technical Support	$ 300.00	$ 300.00	$ 250.00	$ 250.00		$1,100.00
6. EHIP/TEHIP Evaluation	$ 52.00	$ 28.75	$ 80.00	$ 80.00		$ 240.75
GRAND TOTAL	$4,002.25	$4,289.85	$4,404.10	$3,747.10		$16,443.30

EXHIBIT 7b

TANZANIA ESSENTIAL HEALTH INTERVENTIONS PROJECT
GOVERNMENT OF TANZANIA CONTRIBUTION
PROJECT BUDGET AND CASH FLOW

(Tanzanian Shillings Millions)

ITEMS	Year #1 1996-1997	Year #2 1997-1998	Year #3 1998-1999	Year #4 1999-2000		TOTAL
1. Support to Rufiji District	Tsh215.0	Tsh215.0	Tsh215.0	Tsh215.0		Tsh860.0
2. Support to Morogoro-Rural District	Tsh196.0	Tsh196.0	Tsh196.0	Tsh196.0		Tsh784.0
3. Other Support from MOH	Tsh4.77	Tsh4.77	Tsh4.77	Tsh4.77		Tsh19.08
4.						
5.						
6.						
GRAND TOTAL	415.77	415.77	415.77	415.77		**Tsh1,663.08**

Prepared June 5th, 1996

Appendix A
Tanzania Essential Health Interventions Project
Project Background

PROJECT BACKGROUND

1.0 THE EVOLUTION OF EHIP

In June 1993, The World Bank published its sixteenth World Development Report (WDR'93). The first to focus exclusively on health, the **World Development Report 1993: Investing in Health** (World Bank 1993) was the product of several years of participatory consultations, commissioned studies and background papers. It was an important document because it accepted the proposition that an integral and vital component of any country's development agenda should be to improve and maintain the health of its people.

There have been great improvements globally in life expectancy and infant-mortality rates, a result of a combination of growing incomes, increased education, expanded health services, and technological advances. Enormous problems remain, however, particularly in low-income countries. Despite improvements in mortality rates, the level of disabilities remains high. In low-income countries, new health challenges such as AIDS, drug-resistant malaria and tuberculosis, and non-communicable diseases in growing elderly populations threaten to overturn the gains that have already been made.

Investing in Health identifies a number of problems that continue to hamper the delivery of health services and limit reductions in mortality and disability. These include:

- the allocation of funds to interventions with low cost-effectiveness sacrifices highly cost-effective interventions;
- inequities mean that the poor (the least healthy segment of the population) lack access to basic health services, while the affluent benefit the most from spending on health;
- inefficiencies abound in the purchase of supplies, the deployment of health workers, the utilization of facilities, and the planning process; and
- costs are increasing for physician services, sophisticated tests and treatments, and health system maintenance.

In low-income countries, these problems are often compounded by *"highly centralized decision-making, wide fluctuations in budgetary allocations, and poor motivation of facility managers and health care workers." (World Development Report - Investing in Health, World Bank 1993, p. 4)*

Investing in Health justifies a role for government in financing health services on both ethical and economic grounds (to reduce poverty, promote "positive externalities", ensure widespread coverage, and regulate costs). However, it also argues that public resources allocated to health must be made on a rational basis, and proposes that the cost-effectiveness of interventions be used to guide government allocations.

Three policies are proposed for governments to improve health. They are:

- Governments should foster an environment that enables households to improve health. This would include implementing economic growth policies which benefit the poor, investing in education, and promoting the rights and status of women.

- Governments should promote diversity and competition, and provide incentives for cost containment. This could be achieved through the provision of private insurance for nonessential clinical services and the delivery of clinical services by the private sector, even when they are publicly financed.

- Governments should improve spending on health by rationalizing health care expenditures through reduced spending for tertiary care facilities, emphasizing the financing and delivery of cost-effective interventions, ensuring the delivery of a package of essential clinical services tailored to local needs, and improving service management through decentralization.

See attached schematic on **the Contribution of Policy Change to Objectives for the Health Sector.**

Although the authors of the report presented a comprehensive agenda for improving health in low-income countries, EHIP will only focus on two items:

- the financing and delivery of essential clinical and public health interventions; and

- and the improvement of health services management at the district level.

WDR'93 also suggests that on a global basis the following components of public health and clinical services be considered as **essential**, as they are cost-effective and have the potential to improve health:

- childhood immunizations;
- school-based health services;
- information and selected services for family planning and nutrition;
- programs to reduce tobacco and alcohol consumption;
- improvement of the household environment;
- AIDS prevention;
- prenatal and maternal services;
- tuberculosis control;
- control of sexually transmitted diseases (STDs);
- care for serious childhood illnesses such as diarrhoeal diseases, acute respiratory infection, measles, malaria, and acute malnutrition; and
- selective emergency and trauma services.

CONTRIBUTION OF POLICY CHANGE TO OBJECTIVES FOR THE HEALTH SECTOR

Government Objectives and Policies	Improving Health Outcomes	Reaching the Disadvantaged	Containing Health Costs
Foster an enabling environment for households to improve health			
Pursue economic policies that benefit the poor	Relevant	Relevant	
Expand investment in education, particularly for females	Very Relevant	Relevant	
Promote the rights and status of women through political and economic empowerment and legal protection against abuse	Mod. Relevant	Mod. Relevant	
Improve government investments in health			
Reduce government expenditures for tertiary care facilities, specialis training and discretionary services		Mod. Relevant	Very Relevant
Finance and ensure delivery of a public health intervention, including AIDS prevention	Relevant	Mod. Relevant	Mod. Relevant
Finance and ensure delivery of essential clinical services, at least to the poor	Very Relevant	Very Relevant	Mod. Relevant
Improve the management of public health services	Mod. Relevant	Mod. Relevant	Relevant
Facilitate involvement by the private sector			
Encourage private finance and provision of insurance (with incentives to contain costs) for all discretionary clinical services	Mod. Relevant	Not Relevant	Very Relevant
Encourage private sector delivery of clinical services, including those that are publicly financed	Mod. Relevant	Mod. Relevant	Relevant
Provide infformation on performance and cost	Mod. Relevant	Mod. Relevant	Mod. Relevant

Very Relevant Relevant Mod. Relevant Not Relevant

The report postulates that widespread adoption of essential clinical and public health packages could result in a 32% reduction in the burden of disease in low-income countries and a 15% reduction in middle-income countries. This package could save more than 9 million infant lives per year on a global basis. The report estimates the annual cost of this interventions package at US$12.00 per capita in low-income countries *(World Development Report - Investing in Health, World Bank 1993, pp. 10-11).*

This estimate, however, is greater than the health budgets of most low-income countries. **WDR'93** proposes that the costs of this essential interventions package be borne through increased spending on health by governments, donors, and communities (patients), and through a reorientation of public spending on health.

2.0 INTEGRATION OF EHIP INTO THE TANZANIAN PLANNING PROCESS

The health system in Tanzania is extremely complex. Health resources arrive at the district level from the Ministry of Health, and from the Prime Minister's Office through the Ministry of Regional Administration and the Ministry of Local Government. Other health institutions in the country, particularly those involved in health research, have their own linkages. For example, the National Institute of Medical Research (NIMR) and the Tanzanian Food and Nutrition Centre (TFNC) are independent of the Ministry of Health, as are the Muhimbili Medical Centre and the University of Dar es Salaam, which are linked to the Ministry of Education.

The current health planning cycle in Tanzania begins at the community or district level in November and ends in the Prime Minister's Office (PMO) in April and May. Village or ward development committees focus on local needs and advise the District Health Management Teams (DHMTs), which develops and proposes the district plan to the District Primary Health Committee. Here the DHMT plan is revised and priorities stated. The District Development Committee reviews and revises the design in light of those received from other sectors. The Regional Development Committee then reviews the strategy in relation to those from other districts in the region, and makes a recommendation to the PMO, i.e. the Ministries of Local Government and Regional Administration. At this point, the Ministry of Health may be asked for advice on technical issues. The PMO makes decisions and sends the plan to Parliament, where the budget is finally debated and approved. Funding is released from the PMO to the Regional and District Authorities in July of each year, the beginning of the government's fiscal year.

Four questions arise concerning the health planning cycle:

- On what factors do the districts base their budget requests?
- On what information do the Ministries base their policy decisions?
- How efficiently and effectively does the present planning system work?
- What is the degree of communication at each stage to ensure that modifications to proposed priorities match available resources?

District health plans, because of severe resource constraints, are often no more than wish lists. As little as 20-30% of requested funds may be allocated in any one year. Only a limited portion of this is available to maintain facilities or support basic health infrastructure. *Gilson et. al.* (1994) studied decision-making in Tanzania's decentralized health structure and found wide

variations among the districts they studied. There was little correlation between the amounts requested by the districts, amounts approved and actual expenditures incurred.

Several information sources have been postulated to account for the decisions that ministries take on health policy. These include:

- local health statistics of dubious quality;
- pressure from donors or special interest groups;
- health crises, i.e., responding only to immediate needs;
- economics, i.e. money available;
- ideology;
- the status quo; and
- common sense.

It is EHIP's hypothesis that more rational and efficient decisions on health care allocations can be made on the basis of burden of disease and cost-effectiveness analyses carried out at the district level. A challenge for TEHIP, thus, is to create a process to accomplish this within the current management and operating structure of the health system in Tanzania.

3.0 COORDINATION

In a project as complex as TEHIP, one of the factors crucial to its success or failure will be the level of coordination established both within the project and in relation to other programs and activities inside and outside the health care system in Tanzania. TEHIP will contain several elements: burden of disease measurements, infrastructure support, delivery of essential health interventions, development of improved health information systems, determination of community preferences, the mobilization of community involvement, and reform of the health planning process. Each of these activities is a *necessary but not sufficient* determinant of the successful execution of the entire project. At the same time, each component could be regarded as a project in its own right. It will be necessary, therefore, to ensure that the resources of the project are properly and equitably balanced between the operational imperatives of each of these important elements.

It has been proposed that the implementation of project activities in Tanzania will be facilitated by the creation of a national coordination mechanism. Representatives of the various agencies having a stake in TEHIP activities (e.g., Ministry of Health, Ministries of Local and Regional Government, DHMT, national health research institutes and major international health donors) should work closely with the in-country Project Manager and be the link between the study districts of Rufiji and Morogoro-Rural and outside participating agencies.

Because TEHIP will be working within, and building upon, ongoing activities, it will be essential to liaise with ongoing health programs. In Tanzania, these will include the Expanded Program on Immunization (EPI), the Essential Drugs Program (EDP), the Tuberculosis Program, the AIDS Control Program, Family Planning Programs, and other initiatives such as the WHO/ UNICEF supported initiative on the Management of the Sick Child. It will be necessary to maintain close links not only with the programs themselves, but also with their respective donors. (See Membership and the mandate of the **EHIP International Advisory Committee in Appendix K**).

Coordination in the delivery of services will also be necessary to achieve cost-effectiveness. At present, because there is little coordination between programs, the potential exists for duplication of effort, facilities, equipment, personnel and planning. TEHIP has the potential to rationalize some of this duplication if it succeeds in facilitating consultation between programs and agencies involved in the delivery of health services at the district level.

TEHIP is not the only initiative addressing health care and delivery issues. Discussions on reforms in the health and social sectors are well-advanced in Tanzania, as they are in many sub-Saharan African countries. TEHIP will have to coordinate, and perhaps modify, its activities in light of policy changes that may occur during the life of the project. The project, therefore, may be both a contributor to, and a beneficiary of the health reform process in Tanzania, but close monitoring, of developments will be essential.

4.0 BURDEN OF DISEASE MEASUREMENTS

The issue of burden of disease and cost-effectiveness measurements is integral to the development of the district health plan, but is an area that has created much discussion. Burden of disease was defined by *Musgrove (1994)* as:

> "... the total amount of healthy life lost, to all causes, whether from premature mortality or from some degree of disability over some period of time. These disabilities can be physical or mental. A given disease, deficiency, or trauma may produce more than one kind of health damage, and a given disability may arise from more than one cause. The burden of disease can in principle be attributed to distinct risk factors, each of which may contribute to the likelihood or severity of one or more diseases or conditions".

At any moment, the burden of disease in a population is a reflection of both the amount of health care already being provided and the effects of all other actions that protect or damage health. For **Investing in Health**, an attempt was made to estimate the burden of disease against a common measure, both globally and by region, and to estimate the cost-effectiveness of interventions against the various conditions that contribute to the burden.

The Global Burden of Disease (GBD) survey, conducted for **Investing in Health**, attempted to move beyond traditional surveys that focused only on mortality to include conditions that lead to disability (such as residual paralysis or depression), and to quantify their effects on individuals and the health system. On the basis of the International Classification of Diseases, diseases were classified into 109 categories that covered most possible causes of death and disability.

Burden of disease measurements serve two purposes within the framework of TEHIP.

- as a tool to assist the district in its planning process, and
- as a research tool to assess the impact of the interventions(s).

The desire to create a large database for analysis (which may not be sustainable) must be balanced with the need to develop a process of burden of disease measurement in the district that is sustainable for the ongoing district planning and evaluation cycle.

It would be impossible, both logistically and financially, to take measurements on all 109 diseases and conditions used by the WDR'93, even if acceptable field instruments were available. Choices must be made, perhaps based on what are assumed to be the major causes of burden of disease. A baseline study in a Tanzanian district could focus only on all-cause mortality and not attempt

to quantify, for example, the degree of hearing loss, other paraesthesia, or chronic depression in the population.

Much useful information on the pitfalls and problems of measuring burden of disease will be gained by TEHIP's collaboration with the ODA (UK) sponsored Adult Mortality and Morbidity Project (AMMP) in Morogoro-Rural District. This project has been carrying out a survey of mortality among a sample of the Morogoro population (about 20,000 households with a population sample of 95,000), and has made the **Disability Adjusted Life Year** (DALY) like calculations on cause-specific deaths. It has also carried out similar work in two other districts in Tanzania (Hai District, Kilimanjaro Region and a section of urban Dar-es-Salaam).

Over thirty different categories of causes of death have been identified. The annual DALYs lost per 1000 range from a high of 100.8 for acute febrile illness and 30.4 for HIV with or without TB, to less than one for acute abdominal pain, diabetes, and urine retention *(AMMP 1995)*. Of interest is the fact that in Morogoro-Rural District, almost one-third of all-age mortality is due to the first condition (acute febrile illness), and that over 80% of the deaths can be attributed to the first ten conditions listed. The implications of this finding for planning essential health interventions are clearly evident.

Unfortunately, the AMMP has been measuring only mortality. Despite the fact that in sub-Saharan Africa it is estimated that death-related events comprise at least two-thirds of the total burden of disease in the population *(World Development Report 1993, p.3)*, it is still essential to measure morbidity-related conditions. The AMMP has recently begun to conduct measurements of the morbidity load in their study populations. It is hoped that TEHIP will be able to collaborate with AMMP in burden of disease measurements, to benefit from their experiences, and to use the instruments they have developed.

It is difficult to conduct morbidity surveys. Ideally, one would like to be able to diagnose conditions on the basis of (in ascending order of complexity and expense) a sensitive and specific questionnaire, a rapid noninvasive physical examination, or a simple laboratory test appropriate for use at field level. However, sensitive and specific questionnaires do not exist for many conditions, physical examinations are time-consuming and require more highly trained field workers, and the laboratories in the health centres and district hospitals would have to be upgraded before even the simplest diagnostic procedures could be envisaged.

It might be argued that for research purposes and for the duration of the project, it would be advisable to provide the means by which accurate diagnoses could be made (e.g., special field diagnostic equipment, mobile laboratories, and extra trained personnel). However appealing this might be from the research point of view, it runs counter to the underlying nature of TEHIP, in which issues linking into existing structures and sustainability take precedence. Obviously, a certain amount of strengthening of district-level infrastructure and facilities will be required. This will be kept to a minimum, however, if the project is to be successful in creating a strategy and *modus operandi* for monitoring burden of disease and health planning that will be sustainable, cost-effective, and reproducible in other districts.

5.0 MEASURING CHANGES IN BURDEN OF DISEASE

Measuring burden of disease is difficult. For most developing countries, accurate statistics, including prevalence and incidence figures, are either not available or are unreliable extrapolations of small data sets.

The problems of collecting baseline and follow-up data, how much of it to collect, and the setting up of a health information system that will serve the ongoing needs of the health system as well as that of the project are issues that need to be addressed during the development of the detailed protocol.

The use of changes of burden of disease as the sole indicator of the effectiveness of an intervention can present some difficulties, as the effects of an intervention on health status and illness are multidimensional (they involve, for example, physical pain and impairment, mental state, and mortality). As well, health status is a non-fixed, value-laden concept. In theory, some of these factors are captured by the DALY measurement, but this depends on the accuracy of the data-gathering instrument.

6.0 ESSENTIAL HEALTH INTERVENTIONS

The effectiveness of an intervention is measured by the reduction in disease burden it produces. An intervention can reduce the burden for several reasons: because the disease or condition is made less probable, less severe, of shorter duration or less likely to result in death. Because both costs and results depend on the particular setting in which a health system operates (including the burden of disease the system confronts), no universally appropriate health interventions exists. However, the WDR'93 postulates that "for any country, an essential health intervention can be defined on the basis of detailed epidemiological, clinical and financial information, and that the definition of such an intervention should form part of any thorough-going systemic reform." *(Musgrove 1994).*

Investing in Health, in proposing the delivery of interventions of essential public health and clinical services which must be ensured by governments, use the results of the GBD survey and subsequent DALY calculations to identify the interventions and justify them on cost-effectiveness grounds, i.e. cost-effectiveness was seen as the principal criterion for the allocation of resources.

A number of implications arise from this approach. First, anything that is not part of the essential health intervention could be viewed as either discretionary or not in the purview of the public sector. Where the line is drawn between essential and discretionary services would depend on a country's epidemiological situation and on the government's willingness and ability to pay for health care. Second, it must be recognized that most interventions will reduce, but not totally eliminate (either through incomplete coverage or the nature of the disease of intervention), the disease or condition in question. This complicates burden of disease and cost calculations. Third, if two interventions are equally cost-effective but one deals with a larger disease burden, it should have priority because it will reduce the number of essential interventions necessary and increase the capacity of the health system to deliver the intervention. *(WHO 1993; Bobadilla and Cowley 1995).*

7.0 SELECTION OF ESSENTIAL HEALTH INTERVENTIONS

Investing in Health suggested that on a global basis a selection of about twelve public health and clinical interventions could reduce the burden of disease by up to 32% in low-income countries. A suggested list of health interventions is given in **Appendix A Section 1.0** above. The report also states that not all these interventions need necessarily be applied.

The choice of interventions should be based on the use of local burden of disease data and cost-effectiveness calculations, and would, necessarily, be modified by local community priorities.

Although the need for community input is not referred to in **Investing in Health**, the analytic approach to planning that it proposes will need to accommodate community perceptions and preferences for health services if the project is to gain local confidence and acceptance.

The concept of spreadsheets for potential interventions has been proposed to capture basic data such as current coverage, current burden of disease, target coverage, proposed changes from current practice, infrastructure implications, unit recurrent costs, annual recurrent costs of the intervention, and targeted reduction in disease burden from that intervention.

Some critics of WDR'93 question the unrealistic expectations and high cost of introducing up to twelve interventions. In reality, some (if not most) of these interventions may already be ongoing successfully at the district level (e.g. childhood immunizations and family planning services).

One of the challenges facing TEHIP is to integrate these interventions into the planning cycle more efficiently, supplement existing cost-effective interventions and only introduce new cost-effective interventions that are indicated by the burden of disease baseline data. However, to carry out burden of disease and cost-effectiveness analyses, a minimum of five or six essential interventions would be necessary to test the premise proposed in WDR'93. All decisions on which interventions should be included should rest with the DHMTs and District Health Authorities.

8.0 CONCLUSION

TEHIP has the potential to test and demonstrate the effectiveness of a coordinated and rational approach to district-level health planning and service delivery. It will do so based on the measurement and use of burden of disease and cost-effectiveness indicators, and it will elucidate the factors that either facilitate or mitigate this approach. In theory, this should result in more efficient planning and allocation of resources. TEHIP could be modified and replicated in other developing countries with the ultimate outcome being sustainable improvement in the health status of populations. However, the complexity of this undertaking should be apparent. This project outline has only touched on some of the major issues, but the difficulties pose a formidable challenge. They include:

- simultaneously setting up a workable health information system;
- conducting accurate burden of disease measurements and cost-effectiveness calculations in a field situation;
- incorporating this information into the planning process;
- strengthening a weak district health infrastructure;
- delivering a coordinated selection of essential health interventions; and
- monitoring the entire process.

Carrying out these activities within the constraints of a limited budget and ensuring that what is instituted is sustainable past the life of the project adds further to the complexity and challenge of the task.

There are some questions that TEHIP will not be able to answer. It will not provide details on the full spectrum of the disease burden in the two study districts. Because of its focus on planning and priority setting at the district level, it may not answer all questions related to user satisfaction or detect changes at the individual or community level. Even if TEHIP "works" in the study districts, there is no guarantee that it will necessarily work in another country, or even elsewhere in Tanzania.

However, TEHIP is not about finding a *formula* for efficient health care planning and resource allocation that can be universally applied. TEHIP is about testing certain principles of *process* - which, if found workable, could very well have applications in a variety of developing (and developed) country situations. The opportunity to test one of the central premises of the WDR'93 is unprecedented; however it is crucial that projects such as TEHIP be carried out through a process as well-designed and as carefully considered as possible. The process of defining the scope of TEHIP followed a series of consultations and discussions wherein issues and problems of design, methodology, evaluation and process have been identified, itemized and analyzed. This process will continue for the duration of the project and beyond, and this project document should be regarded as a "state of discussions to date" document.

Appendix B
Tanzania Essential Health Interventions Project
Project Conditionalities for TEHIP

Project Conditionalities

At a meeting of the EHIP International Advisory Committee (IAC), formerly the EHIP Steering Committee, on October 5th and 6th. 1995, the following conditionalities were discussed and agreed to by the Tanzanian Ministry of Health and IDRC-EHIP Secretariat.

1. There is a commitment, on the part of the Government of Tanzania, the Ministry of Health (Tanzania) and District Authorities (Rufiji and Morogoro-Rural Districts), to the objectives of TEHIP.

2. There is commitment, on the part of the Government of Tanzania, that the existing (1995-1996) level of government funding for health services for Rufiji and Morogoro-Rural District represents the minimum level of government funding for health initiatives for the life of TEHIP.

3. There is a commitment, on the part of the Government of Tanzania, to the continuation of the current District Health Planning process and cycle for the life of TEHIP.

4. There is commitment, on the part of the Government of Tanzania, to incorporate the TEHIP objectives into district health plans and the planning process for Rufiji and Morogoro-Rural Districts for the life of TEHIP.

5. There is a commitment, on the part of the Government of Tanzania and the Ministry of Health (Tanzania), to the premise, that as the result of the evidence-based approach to district health planning of TEHIP, choices may be made that result in a reallocation or re-orientation of existing health services (government, NGO, donor supported and private sector) in Rufiji and/or Morogoro-Rural Districts.

6. There is a commitment, on the part of the Government of Tanzania and the Ministry of Health (Tanzania), to the concept of coordinated planning and delivery of health interventions at the district level, with the view to improving the "technical and allocative efficiency" of health interventions delivered (government, NGO, donor supported and private sector) in Rufiji and Morogoro-Rural Districts.

7. There is commitment, on the part of the Government of Tanzania, to ensuring community empowerment through their participation in the planning process and with the on-going implementation and delivery of the essential health interventions in the participating districts. Efforts will be made to assist communities to learn how to use the data generated by TEHIP in support of their own planning and decision-making purposes.

8. There is a commitment, on the part of the Government of Tanzania, in support of their policy direction of decentralization, to ensure that appropriate authority and accountability is delegated to District Health Management Teams and the District Medical Officers of the districts participating in TEHIP, enabling them to fully carry out the objectives of the project.

9. There is a commitment, on the part of the Ministry of Health (Tanzania), to a minimal reassignment of district officials and key health staff during the life of the project, for Rufiji and Morogoro-Rural Districts.[1]

10. There is a commitment, of the Government of Tanzania, to fully consider the results and experiences of TEHIP in developing and modifying national policies regarding health planning.

[1]The issue of reassignment of staff will be reassessed after the commencement of district level activities. Reassignments may occur in order to ensure staff in the participating districts have the capacity to manage TEHIP activities.

Appendix C
Tanzania Essential Health Interventions Project
Roles and Responsibilities
IDRC-EHIP Secretariat - Ottawa
and
TEHIP Project Office - Dar-es-Salaam

ROLES AND RESPONSIBILITIES

The IDRC-EHIP Secretariat in Ottawa and the TEHIP Project Office in Dar-es-Salaam will be responsible for **managing the delivery of project resources to Tanzania, at both the national and district level**. Activities described below will be managed and administered by the EHIP Secretariat based in Ottawa and by the TEHIP Project Team, headed by the Project Manager and the Assistant Chief Medical Officer - Preventative Services (ACMO-P), based in Dar-es-Salaam.

Without limiting the generality of the above, the series of activities listed below, and presented under the appropriate project output in the Work Breakdown Structure (See **Exhibits 2a** and **2b**), are those which outline and describe the responsibilities and scope of work of the EHIP Secretariat and the TEHIP Project Office in the implementation and management of the project.

OUTPUT #1. ESSENTIAL PROJECT QUESTIONS ANSWERED
(See **Exhibit 2a**)

With respect to achieving **Output #1** and answering the three essential project questions, the following activities will be implemented:

Activity #101 - **Letters of Intent Invited and Assessed**

TEHIP, in collaboration with the Tanzanian Ministry of Health, will explore the interest of Tanzanian researchers, institutions and agencies to participate in developing and conducting research in Rufiji and Morogoro-Rural Districts by inviting them to submit letters of intent expressing their interest and outlining their ideas. Letters of Intent would briefly describe the researcher's (or Research Team's) experience and credentials for undertaking such research. Qualified researchers from governmental, parastatal or NGOs, academic institutions, or the private sector would be eligible.

Initially, emphasis will be placed on capturing Tanzanian interest in carrying out studies in the fields of health systems and services and behaviourial research, thus addressing Questions #1 and #2 of the three essential questions.

All Letters of Intent will be reviewed by TEHIP (Research Manager and Country Research Coordinator) and by the EHIP Scientific Advisory Committee (SAC) and successful candidates may be requested to develop full research proposals (see below) or to attend a proposal development workshop.

Activity #102 - **Full Research Proposals Invited and Assessed**

TEHIP will invite full-blown research proposals to be submitted to the Project Office in Dar-es-Salaam through various means of attracting or inviting the participation of qualified and interested individuals, agencies, institutions and organizations in Tanzania.

Calls for Proposals will request an outline of the research problem, scientific objectives, proposed methodologies and estimated budget, and the time frame for the conduct of the research.

Research proposals may be called for work in the following three research domains and cost-effectiveness analysis (See **Exhibit 3.0**):

- **Health Systems and Services Research**
  - Processes (Planning, Prioritization and Resource Allocation)
  - Content (Meeting Needs and Priorities - Relevancy of Plans)
  - Players (Supporters and Opponents to Planning Process)
  - Context (Constraints -Administrative/Cultural to Plan Implementation)
  - Implementation (Implementation Strategy and Plan Integrity)

- **Behaviourial Research**
  - Household Decisions (Risk Perceptions and Health Seeking Behaviour)
  - Household Spending (Health Expenditures What and Why?)
  - Health Services (User Satisfaction, Quality, Compliance, Access and Equity)

- **Epidemiological and Demographic Research and Surveillance**
  - Monitoring Health Impact (Mortality and Morbidity)

All proposals received will be subject to a thorough peer group review. The TEHIP Research Manager and Country Research Coordinator will maintain a roster of professionals prepared to carry out proposal reviews and make appropriate decisions as to the content and relevancy to TEHIP research goals and objectives.

If additional expertise is required to complete the research agenda, the TEHIP Project Office will identify specific topics to be covered and suitably qualified external researchers. In such cases, Calls for Proposal will be issued and capacity development within Tanzania will be considered in assessing proposals.

Activity #103 - **Research Agreements Drawn-Up and Signed**

Upon the successful approval of a research proposal, TEHIP, through its Project Office in Dar-es-Salaam, will draw up a research agreement following IDRC's grant and contracting guidelines. Agreements will spell out and cover to the extent necessary:

- the depth and scope of research activity being contracted;

- the person or persons carrying out the research work and who they are affiliated with (e.g. institution, organization or agency);

- the cost limitation of the research funds;

- the proposed duration of the research project;

- obligations of the researcher to TEHIP (i.e. reporting, accounting for funds, etc.);

- TEHIP's obligation to the researcher; and

- others as may be determined or warranted.

Activity #104 - **Research Projects Implemented**

Following the development of terms of reference and the signing of agreements, researchers will be required to carry out their investigations with due care and diligence and along general

guidelines and schedules established in negotiations with TEHIP. Researchers will be required to abide by any rules and regulations established by the Government of Tanzania, if applicable, governing the collection of data at the community level and must at all times cooperate with district authorities during field work activities.

Researchers will also be required to submit progress and financial reports to the TEHIP Project Office, as and when required, and to communicate with the Research Manger and/or the Country Research Coordinator on problems or difficulties that could negatively impact on their ability to complete the research project.

The TEHIP Research Manager and the Country Research Coordinator will, in the course of carrying out their responsibilities, maintain contact with researchers, provide advice and good counsel and ensure that knowledge gained and lessons learned on the project are exchanged and disseminated as widely as possible among participating researchers, institutions and agencies.

Activity #105 - **Research Results Disseminated**

Following the evaluation of TEHIP research findings, the EHIP Secretariat in Ottawa will orchestrate and/or coordinate their dissemination for publication in scientific journals and for presentation at national and international conferences where the results of EHIP will receive the widest audience.

OUTPUT #2. DHMTs PLANNING AND MANAGING DISTRICT HEALTH RESOURCES

With respect to achieving Output #2, the following activities will be implemented:

Activity #201 - **District Health Management Systems and Planning Processes Assessed**

At the start of the project, assessments will be carried out at the district level to determine the type and level of management and health planning systems and processes presently in place and their efficacy. These assessments will help determine the level of support needed to develop skills and a knowledge base in health management and planning using burden of disease and cost-effectiveness as the basis for health resource allocation.

Activity #202 - **Management and Planning Training Programs Conducted**

Based on a needs assessment among health workers at the district level that will come in contact directly or indirectly with the delivery and service of essential health interventions in Rufiji and Morogoro-Rural Districts, short-term training courses and workshops will be designed and conducted at the district level. Emphasis will be placed on training in such areas as management, management information systems, data collection and systems analysis, cost-benefit analysis, management planning, scheduling and sequencing for impact and cost-effectiveness, and in monitoring and evaluation.

Activity #203 - **Planning Systems and Processes Incorporated**

Existing planning systems may be modified or strengthened, based on project findings, which will use evidence-based data as the base for district health planning.

Activity #204 - **District Health Plans Developed by DHMTs**

Based on the research and other findings, District Health Management Teams in Rufiji and Morogoro-Rural will develop comprehensive health plans using burden of disease and cost-effectiveness analysis as the basis for determining the type and level of essential health interventions to be introduced.

Activity #205 - **Improved Planning Process, Plans and District Capacities Assessed**

The planning process leading up to and including the actual production and presentation of a district health plan by the two DHMTs will be reviewed and assessed as to its overall effectiveness and efficiency in addressing health needs and reducing burden of disease.

The review will also include an assessment of the management and technical capacity of each district to plan and effectively introduce (and ultimately take charge of) new approaches or reforms to health delivery systems and processes.

Activity #206 - **Results and Lessons Learned Documented**

On completion of Output #2, TEHIP, in close collaboration with the Tanzania Ministry of Health, District Health Authorities in Rufiji and Morogoro-Rural Districts and with the cooperation of the EHIP Secretariat in Ottawa, will document results and lessons learned in health management and planning at the district level and disseminate the information to other Tanzanian ministries, departments and district health authorities. Information will also be disseminated to institutions, organizations and agencies engaged in health sector reform and planning and to international donors, including the World Bank, WHO, CIDA, ODA-UK and others. Opportunities to publish and present findings at international fora will also be pursued by the EHIP Secretariat to ensure greater coverage.

OUTPUT #3. SELECTED HEALTH INTERVENTIONS IMPROVED AND EXPANDED

With respect to achieving Output #3 the following activities will be implemented:

Activity #301 - **District Level Health Facilities Assessed & Capital Work Performed**

At the beginning of the project, with the cooperation and involvement of District Health Authorities, a rapid assessment of health facilities at the district/community level (i.e. clinics, health centres, etc.) will be carried out to determine the general state of repair and how serviceable they are to deliver essential health interventions. **N.B.** It should be noted, that is not the intent of TEHIP, nor is it within its means or mandate, to carry out major or costly improvements to local health facilities in Rufiji and Morogoro-Rural Districts.

Following the assessment and the development and approval of refurbishment plans, service contracts will be called and granted to reliable local contractors, with proven records, to carry

out the required capital improvements in the two districts. Improvements will basically involve bringing facilities up to a minimum standard whereby the delivery of essential health interventions can be accomplished with maximum efficiency and effectiveness. The participation local of communities, through the contribution of labour and materials, in the carrying out of improvements will be encouraged wherever possible.

Activity #302 - **District Level Health Facilities Improved to Minimum Standards**

With the active support and cooperation of the two District Authorities (i.e. DEDs and DMOs), and with local firms contracted to carry out the work district health facilities in Rufiji and Morogoro-Rural Districts will be improved accordingly to meet minimum standards for the effective and secure delivery of essential health interventions.

Activity #303 - **Type of District Level Essential Health Interventions Determined**

Based on the collection and analysis of data to determine burden of disease and cost effectiveness at the district level, the type and scope of coverage of essential health interventions in Rufiji and Morogoro-Rural will be determined by DHMTs.

Activity #304 - **Essential Drugs and Medical Supplies Procured**

Essential drugs and medical supplies for selected health interventions will be procured by TEHIP for distribution to Rufiji and Morogoro-Rural Districts, via Central Medical Stores.

Activity #305 - **Essential Health Interventions Delivered to Districts**

Through the District Health Management Teams and the District Health Officers, selected essential health interventions are delivered to and administered in communities throughout each of the two districts.

Activity #306 - **Cost-Tracking for Delivery of Health Interventions Performed**

Based on data collected and the type of essential health interventions selected to address specific health and burden of disease needs in district communities, the tracking of real costs and the determination of their cost effectiveness will be carried out.

Activity #307 - **Delivery Process and Impact of Health Interventions Assessed**

Following the delivery of essential health interventions to the two districts, assessments will be carried out to describe and record the efficacy of the actual delivery process from a management, decision making and logistical viewpoint, and to evaluate the impact of the health interventions on burden of disease levels and how the interventions were received by the communities.

Activity #308 - **Results and Lessons Learned Documented**

On completion of Output #3, TEHIP, in close collaboration with the Tanzania Ministry of Health, District Health Authorities in Rufiji and Morogoro-Rural Districts and with the cooperation of the EHIP Secretariat in Ottawa, will document results and lessons learned in the development and delivery of essential health interventions at the district level and then disseminate the information to other Tanzanian ministries, departments and district health authorities. Information will also

be disseminated to institutions, organizations and agencies engaged in health sector programming and reform and to international donors, including the World Bank, WHO, CIDA, ODA-UK and others. Opportunities to publish and present findings at international fora will also be pursued by the EHIP Secretariat to ensure greater coverage.

TEHIP MANAGED AND ADMINISTERED
(See **Exhibit 2b**)

With respect to activities listed under TEHIP Project Management and Administration, the responsibilities of the EHIP Secretariat in Ottawa and the responsibilities of the TEHIP Project Office in Dar-es-Salaam are as follows:

EHIP SECRETARIAT- OTTAWA

Activity #401 - **Prepare Project Approval Documents**

The EHIP Secretariat, through its Executive Director, will prepare all the documentation necessary and essential for the timely and efficient implementation of the project in Tanzania. These documents include:

- **Memorandum of Understanding** - An agreement between Canada and Tanzania that ensures that the TEHIP Project Office and Canadian personnel attached to the project will be able to access and utilize without prejudice the General Agreement existing between the two countries governing bilateral aid); and

- **The Project Document** - The TEHIP management plan, subsidiary to the MOU, outlining the goal, purpose and expected results of the project and the roles and responsibilities of participating government ministries, groups and institutions in its implementation.

The MOU would be signed between Canada, represented by the Canadian High Commission, Dar-es-Salaam and the Government of Tanzania, represented by The Treasury.

The Project Document (Plan) will be signed by IDRC and the Ministry of Health, representing the Government of Tanzania.

Activity #402 - **Recruit and Select Senior TEHIP Project Managers**

The EHIP Secretariat, in accordance with accepted IDRC procedures, will recruit, select and contract a Project Manager and a Project Research Manager to head up the project in Tanzania.

Activity #403 - **Liaise with the Government of Tanzania**

The Secretariat will, through the Executive Director, liaise with the Tanzanian Ministry of Health on all substantive matters concerning TEHIP and on all issues of common interest and importance to its start, implementation and successful conclusion.

Activity #404 - **Liaise with Donor Agencies**

Since there are other international donors and agencies supporting EHIP objectives, the Secretariat will liaise closely with them. This would include such organizations as WHO, UNICEF, UNFPA, the World Bank, CIDA, ODA-UK, and the Edna McConnell Clark Foundation, to ensure maximum cooperation, coverage and exchange of information and results.

Activity #405 - **Provide Project Support and Transfer Resources**

The Secretariat will, through the Executive Director and other Ottawa based staff members, in particular IDRC Senior Research Advisors, provide whatever support necessary to ensure that resources are transferred promptly to the TEHIP Project Office, and in accordance with approved plans and schedules, and that the project is successfully implemented with both research and development objectives being met.

Activity #406 - **Attend Project Management and Advisory Committee Meetings**

The Secretariat, represented by the Executive Director, will be present, *ex-officio*, at meetings of the EHIP International Advisory Committee and act as its Secretary, and at all meetings of the TEHIP Project Steering Committee, which he will co-chair with the Principal Secretary, Tanzania Ministry of Health, to determine overall project direction, to approve Annual Work Plans and Budget Estimates, and to review project progress and performance.

Activity #407 - **Monitor and Evaluate TEHIP**

The Secretariat will monitor progress being achieved on TEHIP and provide technical and management advice that might be considered useful and beneficial to the successful conclusion of the project.

The Secretariat, in cooperation with the Tanzanian Ministry of Health, will also contract a Project Evaluation Team to perform a comprehensive evaluation of TEHIP, beginning in Year #1 and carrying through to project completion in Year #4. Terms of Reference for the Evaluation will be developed by the Secretariat and approved by the EHIP International Advisory Committee (IAC) and the TEHIP Project Steering Committee (PSC).

TEHIP PROJECT OFFICE - DAR-ES-SALAAM

Activity #411 - **Establish and Operate a Project Office in Dar-es-Salaam**

The EHIP Secretariat will, with the assistance and cooperation of the Tanzania Ministry of Health, establish a Project Office in Dar-es-Salaam to provide essential coordinating, planning, management and liaison services with the Ministry of Health, the Prime Minister's Office (Ministries of Regional Administration and Local Government), District Authorities in Rufiji and Morogoro-Rural, the international donor community and medical research institutes and organizations located in Tanzania.

The **TEHIP Project Office** will also act as a key staging point for:

- receiving and delivering TEHIP resources to District Authorities and to the Tanzanian Ministry of Health;

- coordinating and managing research and service contracts;
- supporting research activities;
- coordinating and responding to TEHIP related activities as they occur;
- producing and distributing TEHIP documentation in Tanzania; and
- receiving TEHIP and technical/research documents from national and regional sources for distribution.

Activity #412 - **Recruit and Select Local Project Staff**

The TEHIP Office will be responsible for recruiting and selecting local personnel to carry out essential administrative and support functions and provide appropriate supervision. Administrative-Support Positions might include:

- Project Administrator
- Project Finance Officer
- Office Clerk/Secretary/Bookkeeper
- Messenger
- Driver

All these positions will be filled in accordance with Tanzanian hiring procedures and employment practices.

Activity #413 - **Manage and Administer TEHIP**

With direction and support from the EHIP Secretariat and the Tanzanian Ministry of Health, TEHIP will be managed and administered by a team of Canadians and Tanzanians through a Project Office in Dar-es-Salaam. TEHIP will be headed up by a Project Manager with the support and assistance of the Assistant Chief Medical Officer - Preventative Services (ACMO-P), representing the Ministry of Health, and including locally engaged and seconded professional and administrative staff to carry out the various duties and tasks seen essential for the effective management and administration of the project.

Without limiting the generality of the above, administrative and management responsibilities of the TEHIP Team would include:

- delivering TEHIP resources to Rufiji and Morogoro-Rural Districts and to the Ministry of Health in accordance with approved plans and schedules;
- recruiting, selecting and engaging sufficient local staff with proven administrative and management skills to effectively manage and administer the project in Tanzania;
- administering all service and research contracts entered into by the project in accordance with IDRC and Government of Tanzania rules and procedures governing such agreements;
- providing whatever administrative support is needed to facilitate project related management and advisory committee meetings and conferences in Tanzania;

- maintaining clear and regular lines of communication with the Secretariat in Ottawa and with participating Government of Tanzania ministries, departments, institutions and donor agencies at both the national and district level;

- maintaining clear and regular lines of communications with IDRC-EARO in Nairobi and seeking their advice and assistance with respect to financial management systems and project accounting procedures;

- submitting Quarterly Progress and Financial Reports to the Secretariat and Ministry of Health in accordance with agreed to formats and schedules;

- submitting Annual Work Plans and Budget Estimates to the Secretariat and Ministry of Health each January/February for the subsequent year of operations; and

- liaising with the TEHIP Project Evaluation Team assigned and approved by the Project Steering Committee to carry out the evaluation.

Activity #414 - **Liaise with MOH and PMO and District Authorities**

TEHIP project staff will be required to liaise closely with representatives of the Tanzanian Ministry of Health, the Prime Minister's Office and District Authorities in Rufiji and Morogoro-Rural on all operational matters affecting the successful management and implementation of the project.

Activity #415 - **Prepare Progress and Financial Reports**

The TEHIP Project Manager will prepare and submit to the Secretariat in Ottawa on a timely basis (i.e. within three weeks of the close of the previous quarterly reporting period) Quarterly Progress and Financial Reports.

The object of a Quarterly Progress and Financial Report will be to have the TEHIP Office report regularly on the progress of the project against approved plans and budgets. Progress will be measured and reported on against specific outputs or expected results established and listed on Work Breakdown Structure.

> **Note** - The year end Quarterly Progress and Financial Report (i.e. the report covering the period January-March of each year) should also include a review of the year's activities and the level of progress achieved.

In brief, a **Quarterly Progress and Financial Report** should include the following:

a) Report Cover & Number - Report number in sequence.

b) List of Contents - A list of contents with page numbers.

c) Report Summary - A summary which briefly states:

- where the project stands at the end of the reporting period;

- what major events occurred during the reporting period;

- what progress has been achieved towards realizing the project goal; and objectives (if applicable); and

- the status of the project's risk analyses (critical assumptions).

d) **Project Outputs** - A brief accounting should be provided on progress being achieved on each project output featured on the Work Breakdown Structure. Included under each element there should be space to report on: i) activity planned for the next reporting period; ii) problems (if any) anticipated and recommendations on how they might be overcome; and iii) bottlenecks or constraints that might be anticipated.

e) **Financial Estimates** - A statement outlining financial estimates should provide the following quantitative information:

- Original Budget by Item - What was originally budgeted for each main item or cost centre. This could be taken from the original Project Document.

- Latest Budget Estimate by Item - This line might change from time to time; e.g. following the submission of Annual Work Plans, as new budget estimates are determined and presented.

- Budget Variance by Items - The variance (- or +) between the original and latest budget estimates during the course of the project. This line will also indicate how accurate original costings were and might reflect problems encountered during the course of the project.

- Expenses this Quarter by Item - Planned and actual expenses incurred during the reporting period in question.

- Quarterly Variance by Item - The variance (- or +) between what was planned to be spent and what actually was spent. Any significant variance, e.g. + or - 15%, might prompt an explanation (Reporting by Exception).

- Total Project Expenses To Date by Item - Total planned and actual expenses on the project to the end of the current reporting period.

- Total Project Variance by Item - The variance (- or +) between total planned and actual expenses incurred on the project to the end of the reporting period.

f) **Financial Forecast** - Financial forecasts should also be included in most Quarterly Progress and Financial Reports that give up-dated estimates on quarterly spending for the remainder of the current financial year and revised estimates for the remaining project years. This information is needed by the EHIP Secretariat for cash flow purposes.

Financial Forecasts should contain the following information:

- Total Disbursements - Total estimated disbursements by item to the end of the reporting period.

- Current Year - Planned and actual disbursements by Quarter in the current fiscal year and totals.

- Project Years - Planned disbursements by year to project end.

- Total - Total planned budgets for each main project item.

Activity #416 - **Prepare Annual Work Plans**

Annual Work Plans (AWP) and Budget Estimates for the subsequent year will be prepared and submitted to the Secretariat each January/March, ideally to coincide with a meeting of the TEHIP Project Steering Committee, where progress for the previous year can be reported and where plans for the coming year can be presented, discussed and approved. The AWP will emphasize and highlight constraints experienced for each project component (i.e. research, planning, delivery of essential health interventions and project management) from the previous year and ones which are anticipated for the coming year. The purpose of an AWP is to provide the following information:

- Outline expected research and health delivery activities on the project over the course of the coming year and briefly describe them and the results expected.

- Outline the number of infrastructure improvement and training activities planned to take place during the coming year.

- Cash Flow - Provide the annual cash flow requirements for the project, divided into quarters. If there are any significant deviations from the original costing provided in the Project Document at the beginning of the project in 1996, a brief explanation should be provided. Revised cash flow projections to the end of the four year project should also be presented.

Activity #417 - **Attend Project Management and Advisory Committee Meetings**

TEHIP, represented by the Project Manager, the Project Research Manager and the two County Coordinators, will attend and participate at the following Project Management and Advisory Committee Meetings.

- **TEHIP Project Steering Committee**
  - TEHIP Project Manager (PSC Secretary/*ex-officio*)
  - TEHIP Research Manager (*ex-officio*/observer)
  - TEHIP Country Project Coordinator (*ex-officio*/observer)
  - TEHIP Country Research Coordinator (*ex-officio*/observer)

- **TEHIP Project Operations Committee**
  - TEHIP Project Manager (Co-Chair)
  - TEHIP Country Project Coordinator (POC Secretary)
  - TEHIP Research Manager
  - TEHIP Country Research Coordinator

- **EHIP Scientific Advisory Committee**
  - TEHIP Research Manager (*ex-officio*/observer)
  - TEHIP Country Research Coordinator (*ex-officio*/observer)

Appendix D
Tanzania Essential Health Interventions Project
Terms of Reference
TEHIP Team Members

TERMS OF REFERENCE

The implementation of TEHIP will be organized under the guidance and leadership of the EHIP Secretariat Executive Director in Ottawa and the Assistant Chief Medical Officer - Preventative Services (ACMO-P) in Dar-es-Salaam. Their respective roles and responsibilities with respect to TEHIP are as follows:

1.0 EHIP Secretariat Executive Director

Reporting to IDRC Senior Management, the EHIP Secretariat Executive Director, based in Ottawa, will be responsible for the implementation of EHIP and TEHIP in Tanzania.

More specifically, the responsibilities of the **Executive Director** include:

- Providing overall project policy and research (scientific) direction. **Note:** *IDRC and the Secretariat will be guided in these areas by the EHIP International Advisory Council and the EHIP Scientific Advisory Committee;*

- Liaising with EHIP collaborating agencies (WHO, UNICEF, ODA-UK, World Bank, CIDA, and the Edna McConnell Clark Foundation) and coordination of TEHIP with EHIP-related initiatives of these agencies;

- Assuming overall responsibility for the management of IDRC funding for EHIP-TEHIP;

- Directing and supervising the Tanzania-based TEHIP Project Manager and TEHIP Research Manager;

- Monitoring and evaluating TEHIP and disseminating progress reports and final results to the Government of Tanzania and the international donor and scientific communities;

- Attending and co-chairing TEHIP Project Steering Committee meetings in Tanzania; and

- Attending (*ex-officio*) and being secretary to the EHIP International Advisory Committee.

2.0 Assistant Chief Medical Officer - Preventative Services

Reporting to the Chief Medical Officer, Ministry of Health, and collaborating closely with the EHIP Secretariat Executive Director and the TEHIP Project Manager, ACMO-P, will represent the Tanzania side of TEHIP and be responsible for managing Ministry of Health inputs to the project.

The principal responsibilities of the **ACMO-P** with respect to TEHIP include:

- Supporting and collaborating with the TEHIP Project Manager in the establishment of the TEHIP Project Team and office in Tanzania;

- Contributing at the professional and technical level to the research component of TEHIP and providing advice and input to the TEHIP Research Manager in the planning, contracting and implementing of TEHIP research activities

- Providing the main link between the Ministry of Health and TEHIP to ensure that project management and implementation are compatible with Ministry of Health policies and that the Ministry of Health remains well informed of activities and provides the project with appropriate support (i.e. technical inputs from MOH) when needed;

- Providing the principal link between TEHIP and related activities and initiatives being carried out by MOH, i.e. Health Sector Reform, and ensuring that TEHIP is properly coordinated with these activities;

- Facilitating the agreed upon Government of Tanzania contribution towards TEHIP and facilitating the process by which relevant Ministries (other than MOH) remain informed and supportive of TEHIP activities;

- Ensuring, in collaboration with the TEHIP Project Manager, that the implementation of TEHIP is in accordance with the agreed upon Project Document (Plan);

- Reviewing and providing MOH approval to key project reports, including Annual Work Plans, Budget Estimates and Evaluation Reports, prior to their formal distribution;

- Providing signed "recommendation authorizations" to the TEHIP Project Manager as a pre-condition to the release of funds to District TEHIP Bank Accounts, and for the acquisition of medical supplies and drugs for TEHIP Districts from the Central Medical Stores. **(Note:** *No funds will be released to the District TEHIP Bank Accounts, nor will medical supplies or drugs be purchased by TEHIP without the prior recommendation and approval of the ACMO-P)*; and

- Chairing the TEHIP Project Operations Committee (POC) and attending *ex-officio* TEHIP Project Steering Committee (PSC) meetings with the Project Manager.

TEHIP PROJECT TEAM

With support and direction from the EHIP Secretariat Executive Director and the ACMO-P, TEHIP will be managed and administered from the TEHIP Project Office in Dar-es-Salaam by a team of six health and management professionals from Canada and Tanzania. Abbreviated terms of reference for each team member are provided thus:

1.0 **TEHIP Project Manager**

Broad Function - The TEHIP Project Manager represents the IDRC side of TEHIP in Tanzania and, in collaboration with the ACMO-P (Tanzania Ministry of Health), establishes the TEHIP Team in Tanzania for the management and implementation of TEHIP in accordance with the TEHIP Management Plan ("Project Document"). The TEHIP Project Manager is responsible for the day-to-day management of the TEHIP Project Office and the administration and management of project resources in Tanzania and reports to the Secretariat Executive Director in Ottawa. The TEHIP Project Manager also serves as advisor to the ACMO-P with regard to TEHIP.

The principal responsibilities of the **TEHIP Project Manager** include:

- Supervising the work of the Country Project Coordinator, and progressively increase his role in managing TEHIP;

- Obtaining and equipping suitable office facilities for the TEHIP Project Team in Dar-es-Salaam. (**Note:** *The Tanzanian Ministry of Health may be able to assist in this regard*);

- Supervising and supporting the work of the TEHIP Country Project Coordinator, and progressively increasing his role in managing TEHIP operations;

- Contracting and supervising TEHIP project staff and establishing appropriate personnel policies and performance review processes in accordance with accepted standards and procedures in Tanzania;

- Establishing administrative and personnel policies and procedures for the smooth and efficient operation of the project and the TEHIP Project Office;

- Establishing an effective Financial Management Unit, with the assistance of the IDRC-EARO Regional Comptroller, to provide banking, accounting, reporting and other financial management systems for TEHIP;

- Drawing up, approving and signing service and research contracts with individuals, institutions, agencies, NGOs and firms taken on by TEHIP, in accordance with IDRC and Government of Tanzania contracting guidelines, as and when applicable;

- Obtaining the necessary authority and exemptions from the Government of Tanzania, as specified in the Memorandum of Understanding, that assist in the smooth management and implementation of the project;

- Establishing and overseeing appropriate administrative arrangements and reporting procedures with the EHIP Secretariat in Ottawa;

- Liaising with IDRC-EARO with respect to setting-up a Project Financial Unit in the Project Office;

- Establishing the format and content, and oversee the preparation and submission of project reports to: a) the EHIP Secretariat; b) the Tanzania Ministry of Health; c) District Authorities; and d) others as specified in the Project Document (See **Exhibit 6.0**);

- Ensuring annual preparation of work plans, including budget estimates, for approval by the TEHIP Project Steering Committee and submission to the Secretariat;

- Promoting multi-disciplinary and inter-agency collaboration in Tanzania regarding TEHIP operations;

- Representing IDRC with external agencies in Tanzania on matters directly or indirectly linked to TEHIP; and

- Accounting for the general organization and local coordination of TEHIP in Tanzania, in accordance with approved work plans, schedules and budgets.

2.0 **TEHIP Country Project Coordinator**

Working as counterpart to the TEHIP Project Manager, and on secondment from the Tanzanian Ministry of Health, the Country Project Coordinator will be responsible for coordinating development component activities and the delivery of TEHIP resources to the districts. The Country Project Coordinator will also focus on providing the necessary operational and policy linkages with the Government of Tanzania and the two District Health Authorities.

The principal responsibilities of the **TEHIP Country Project Coordinator** include:

- Assuming greater levels of responsibility from the TEHIP Project Manager to manage the project;
- Providing a link between the District Medical Officers and the Ministry of Health (and other national Ministries, as required), IDRC, WHO, World Bank, UNICEF and other agencies operating in Tanzania's health sector;
- Providing assistance to District Medical Officers in planning, coordination and providing support to DHMTs;
- Ensuring that appropriate coordination, integration and collaboration necessary for project implementation takes place with other district development authorities and national health programs;
- Providing a link between District Medical Officers and institutions responsible for carrying out TEHIP research and evaluation;
- Compiling Quarterly Progress and Financial Reports and assisting in the preparation and submission of Annual Work Plans and Budget Estimates;
- Liaising with the WHO-TEHIP Officer to ensure the proper coordination of WHO inputs into the project;
- Attending and participating at all meetings of the Project Operations Committee and acting as Secretary; and
- Liaising with the TEHIP Project Manager and other TEHIP Project Team Members on overall project administration and financial management.

3.0 **TEHIP Research Manager**

Broad Function - The TEHIP Research Manager is responsible for the leadership and guidance, on a day-to-day basis, of the TEHIP Research Program in Tanzania in accordance with the TEHIP Project Management Plan ("Project Document") and to liaise with the ACMO-P, Tanzania Ministry of Health regarding the research component of the project.

Note: The TEHIP Research Manager will also have a special reporting and consulting function with IDRC (Ottawa) on TEHIP research activities.

The principal responsibilities of the **TEHIP Research Manager** include:

- Supervising the work of the Country Research Coordinator, and progressively increase the role of this individual in managing the TEHIP research program;
- Cooperating and collaborating fully with the TEHIP Project Manager and Country Project Coordinator on general project operations;
- Establishing and overseeing the appropriate research program, policies, strategies and procedures for review, approval and reporting;
- Establishing the format, content and overseeing preparation of research reports, documents and publications, including any research documentation specified in the Project Document (Plan);
- Developing terms of reference for research for TEHIP research contracts, in accordance with approved TEHIP research plans and IDRC grant and contracting, guidelines;
- Identifying, in collaboration with the Tanzanian Ministry of Health, potential Tanzanian researchers for TEHIP research activities;
- Assisting the EHIP Secretariat in arranging for the peer review of TEHIP research proposals;
- Ensuring annual preparation of research work plans, including budget estimates, for review by the EHIP Scientific Advisory Committee (SAC) and the TEHIP Project Steering Committee (PSC) and approval by the IDRC-EHIP Secretariat;
- Providing periodic quality control checks on data collected for the cost-tracking, system put in place to analyze cost-effectiveness;
- Liaising, on an on-going basis, with the contracted TEHIP researchers and collaborators, as well as with district officials from the two participating TEHIP Districts;
- Establishing and maintaining effective networks of national and international research support for TEHIP, including representing TEHIP and appropriate scientific fora;
- Facilitating and overseeing the synthesis of all research products of TEHIP;
- Providing timely reports on research activities to the EHIP Secretariat for dissemination; and
- Attending all meetings of the TEHIP Project Operations Committee and being present *ex-officio* at meetings of the TEHIP Project Steering Committee and acting as Secretary to the EHIP Scientific Advisory Committee.

4.0 **TEHIP Country Research Coordinator**

The Country Research Coordinator, in collaboration with the Research Manager, will be responsible for coordinating, monitoring and synthesizing results of research activities, and liaising and maintaining contact with the Tanzanian Ministry of Health, District Health Officials,

national research units, institutions, agencies and individual researchers regarding TEHIP research activities.

The principal responsibilities of the **TEHIP Country Research Coordinator** include:

General

- Liaising with the TEHIP Country Project Coordinator, National Program Officer (Ministry of Health), District Health Officers and the WHO Country Office concerning the ongoing conduct of TEHIP research;
- Liaising with research units and individual researchers external to the Ministry of Health (i.e. TFNC, NIMR, Muhimbili Medical Centre, University of Dar-es-Salaam, etc.) regarding TEHIP research activities;
- Obtaining required approvals from the Government of Tanzania regarding research and survey activities to be carried out in the two districts;
- Liaising with the Adult Mortality and Morbidity Project (AMMP) in Morogoro-Rural and Hai Districts with the view of developing a comparable approach to data collection and analysis for Rufiji District;
- Developing an on-going relationship between program-service delivery (of the essential health interventions) and TEHIP research activities;
- Synthesizing all research products arising from TEHIP and assist in their dissemination;
- Assisting in the timely preparation and submission of research reports to the EHIP Secretariat for dissemination;
- Assisting in the annual preparation of research work plans, including budget estimates, for review by the EHIP Scientific Advisory Committee (SAC) and the TEHIP Project Steering Committee (PSC) and approval by the IDRC-EHIP Secretariat; and
- Attending and participating at all meetings of the TEHIP Project Steering Committee (PSC) (*ex-officio*) and the TEHIP Project Operations Committee (POC).

Research Development

- Identifying potential Tanzanian researchers for TEHIP research activities;
- Providing assistance to Tanzanian researchers regarding the planning and conduct of their research projects;
- Ensuring that, where possible, compatible methods of data collection and analysis are proposed for the selected districts;
- Coordinating the proposed research activities of participating districts to ensure that appropriate degrees of compatibility are maintained between research activities being carried out across the districts;

- Assisting in the development and up-dating of a Research Plan for TEHIP.

Research Implementation

- Assisting in obtaining approvals and clearances from the Government of Tanzania regarding the carrying out of research activities at the district level;

- Providing overall coordination of conduct of research aspects of TEHIP and provide follow-up and monitoring services;

- Providing periodic quality control checks on data collected for the cost-tracking system put in place to analyze cost-effectiveness;

- Ensuring appropriate collaboration exists among researchers, thus ensuring appropriate integration between health impact/outcome and management support/processes;

- Ensuring symmetry regarding conduct of research against research proposals/plans and with any agreed to amendments;

- Identifying, on an on-going basis, the need for additional technical assistance in support of the achievement of TEHIP research objectives (i.e. answers to the three essential project questions);

- Determining the need for research workshops at various stages of the project and organizing such workshops; and

- Coordinating and facilitating a consistent approach to collective research publications among "in-country" researchers.

5.0 TEHIP Project Finance Manager

Reporting to the TEHIP Project Manager and Country Project Coordinator, the Project Finance Manager will be responsible for the control and accounting of all project finances received in Tanzania from IDRC and for their disbursement. The Finance Manager will also be responsible for maintaining accurate financial records in accordance with accepted accounting practices, in liaising with District Health Authorities on all TEHIP cash transfers, and in liaising with the IDRC-EARO Regional Comptroller regarding the maintenance of accounts and financial management systems.

The principal responsibilities of the **TEHIP Project Finance Manager** include:

- Establishing, with assistance from EARO, a self-contained capacity within TEHIP for the management and control of IDRC funding, including banking, accounting and financial management systems;

- Maintaining accurate financial records in accordance with accepted accounting practices on all TEHIP project funds received and disbursed during the project period;

- Opening and maintaining foreign exchange and local currency bank accounts in Dar-es-Salaam;

- Liaising with the IDRC-EARO Comptroller, when required, on IDRC financial management systems and accounting procedures;

- Assisting in the preparation of quarterly Project Financial Reports and Financial Forecasts for the TEHIP Project Manager;

- Assisting the TEHIP Project Manager in the preparation of Annual Work Plans and Budget Estimates;

- Assisting District Authorities, if and when requested, to prepare TEHIP financial reports and accounts;

- Scrutinizing financial reports and statements received from participating District Authorities, research institutes, agencies and individuals receiving TEHIP funds;

- Scrutinizing all invoices and bills received for payment, ensuring that services and supplies being invoiced have been duly provided and delivered in full;

- Preparing TEHIP accounts for audits as and when required to do so; and

- Supervising support staff engaged to assist in managing TEHIP finances.

6.0 **TEHIP Project Administrator**

Reporting to the TEHIP Project Manager and the Country Project Coordinator, the Project Administrator will be responsible for overseeing the day-to-day management and operations of the TEHIP Project Office in Dar-es-Salaam and for maintaining inventories, project files and other related items.

The principal responsibilities of the TEHIP Project Administrator include:

- Ensuring that the TEHIP Project Office operates smoothly while maintaining the integrity and security of project and personnel files and other project related documents and papers;

- Purchasing supplies and business equipment deemed necessary for the efficient and effective operation of a Project Office;

- Ensuring proper upkeep, maintenance and use of project vehicles;

- Recruiting and selecting, with the participation of the TEHIP Project Manager and the Country Project Coordinator, all necessary clerical and support staff to run the office;

- Supervising and assessing the performance of administrative support staff;

- Administering contracts of TEHIP researchers, with input from the Country Research Coordinator, and others contracted by the project to provide services and supplies;

- Organizing and arranging accommodations and other amenities for official TEHIP visitors;

- Organizing and preparing for project management and advisory committee meetings, workshops and conferences in Dar-es-Salaam;

- Obtaining work permits, visas and other documentation required by Canadian TEHIP staff members working in Tanzania, and assisting them further on matters concerning housing, connection of essential utilities, banking, licenses, security arrangements and household insurance; and

- Carrying out all other functions and duties deemed necessary and important to the smooth administration of the project.

Appendix E
Tanzania Essential Health Interventions Project
Roles and Responsibilities
IDRC East Africa Regional Office

ROLES AND RESPONSIBILITIES

TEHIP is the responsibility of the EHIP Secretariat, based at IDRC-Ottawa, and is thus governed by an EHIP International Advisory Committee and subject to the IDRC Secretariat Guidelines approved by the Board of Governors; however, EARO and the Coordinator for Africa have an important contribution to make to TEHIP and should remain abreast at all times of TEHIP's progress as it clearly represents a significant IDRC health sector intervention in Africa.

EARO, as the IDRC Regional Office for East Africa, will provide support services to TEHIP, as requested by the EHIP Secretariat (Ottawa), as follows:

1.0 **Advisory Role for Regional Director (EARO)/Coordinator for Africa**

- Provide the EHIP Secretariat (Ottawa) with the benefit of advice drawn from EARO's contacts with governments and institutions in the region, practical experience with research project implementation in East Africa and financial management;
- Participate as IDRC's representative on the EHIP International Advisory Committee;
- Assist the EHIP Secretariat to monitor the project, in particular, the research component;
- Receive regular TEHIP progress reports, research reports, minutes of project management and advisory council meetings, and copies of key project correspondence;
- Participate in the selection committees for key TEHIP field personnel as requested, and provide general guidance or advice to the Secretariat Executive Director; and
- Liaise with IDRC-Ottawa to establish the terms for EARO support and advice for TEHIP in the area of financial management, and task the Regional Comptroller accordingly.

2.0 **Financial Management Support**

To assist the TEHIP Project Manager in implementing an effective financial management unit and systems in the field and to provide on-going advice and guidance to TEHIP in financial administration.

Specifically, the **EARO Regional Comptroller** will:

- Assist in defining functions and qualifications for members of the TEHIP Financial Unit and participate in the selection of the TEHIP Financial Manager;
- Assist the IDRC Director, Financial Services (Ottawa) in defining the financial system for the TEHIP Financial Unit in Dar-es-Salaam;
- Provide administrative support and advice to the TEHIP Project Manager in the establishment of the TEHIP Financial Unit and its putting in place the appropriate financial administration systems for project implementation (i.e. banking arrangements, accounting systems, audit procedures, format and content of quarterly financial reports);

- Provide or arrange for the necessary training for TEHIP staff to operate the defined financial management and accounting systems;

- Provide on-going support, advice, audit and review of TEHIP financial reporting, as requested by the TEHIP Project Manager; and

- Assist the Secretariat Executive Director and the IDRC Director, Financial Services in Ottawa in establishing an audit plan for TEHIP and assist in the selection of contracted auditors.

Appendix F
Tanzania Essential Health Interventions Project
Roles and Responsibilities
Ministry of Health
Government of Tanzania

ROLES AND RESPONSIBILITIES

The Government of Tanzania, represented by the Ministry of Health (MOH) will, in cooperation and collaboration with the EHIP Secretariat and the TEHIP Project Office, be jointly responsible for all aspects of project planning and implementation.

Memorandum of Understanding

The Treasury, on behalf of the Government of Tanzania, will sign a Memorandum of Understanding (MOU) with Canada, represented by the Canadian High Commission, which will name IDRC and the Tanzanian Ministry of Health as implementing partners for the project and task them with agreeing to a Project Document (Management Plan) that will guide both parties in implementing the project and describe their respective responsibilities. The MOU will be subsidiary to the General Agreement on Development Assistance already existing between Canada and Tanzania, that will provide the project and Canadian personnel those things agreed to under the General Agreement.

With respect to management and administrative activities listed on the Work Breakdown Structure (**Exhibit 2b**), the responsibilities of the Tanzanian Ministry of Health will be as follows:

TEHIP MANAGED AND ADMINISTERED

Activity #501 - **Sign Project Document (Project Plan)**

To endorse the basic management plan and implementation strategy of TEHIP, the Ministry of Health will sign the Project Document (Management Plan) with IDRC.

The Project Document will be supplementary and complementary to the MOU signed between Canada and Tanzania, and will be considered as a dynamic document subject to amendment through approved Annual Work Plans and/or decisions reached by the TEHIP Project Steering Committee.

Activity #502 - **Assist TEHIP Establish a Project Office**

The Ministry of Health will assist in finding, or providing, suitable quarters to establish a functional Project office in Dar-es-Salaam. Adequate space, with appropriate security and dependable communications, will be required to accommodate the entire TEHIP Project Team (professional and administrative) in one place.

Activity #503 - **Manage and Administer TEHIP**

TEHIP will be a jointly directed and managed project with planning and management decisions coming from both the TEHIP Project Manager and the ACMO-P, representing the Ministry of Health. (See **Exhibit 5b**.)

Without limiting the generality of the above, administrative and management responsibilities of the Ministry of Health would include:

- providing the services of the ACMO-P to assist in the management and implementation of the project;

- assisting TEHIP establish a functional Project Office in Dar-es-Salaam;
- seconding staff from MOH to TEHIP to assume the positions of Country Project Coordinator (Dr. H. Kasale), the Country Research Coordinator (Dr. C. Mbuya) and others as may be agreed to;
- facilitating through the PMO (Ministry of Regional Government and Ministry of Local Government) health funding support to the participating districts;
- reviewing and approving project plans and budget estimates;
- providing and facilitating, through other central ministries of the Government of Tanzania, administrative support where appropriate to implement the project in Rufiji and Morogoro-Rural Districts;
- maintaining clear and regular lines of communication with participating Government of Tanzania ministries, institutions and government agencies; and
- participating in the monitoring and evaluation of the project.

Activity #504 - **Liaise with Other GOT Ministries**

The Ministry of Health, through the offices of the Principal Secretary, the Chief Medical Officer and the ACMO-P will be required to liaise closely with representatives of other Ministries, institutions and government agencies on policy and operational issues arising from the implementation of the project in Rufiji and Morogoro-Rural Districts.

Activity #505 - **Provide Support to Decentralization**

To support and add to the bank of knowledge and experience concerning administrative reform in Tanzania, the Ministry of Health will assist in facilitating support for the decentralization of authorities to the District Medical Officers and DHMTs in Rufiji and Morogoro-Rural Districts for health sector planning and resource allocation.

Activity #506 - **Attend Management and Advisory Committee Meetings**

The Ministry of Health, represented by the Principal Secretary, the CMO, ACMO-P and others, will attend and participate at the following Project Management and Advisory Committee Meetings.

- **EHIP International Advisory Committee**

Mr. M. Mrope, Principal Secretary, Ministry of Health

- **EHIP Scientific Advisory Committee***

Dr. L. Munyetti, Director of Planning, Ministry of Health

- **TEHIP Project Steering Committee**

Mr. R. Mrope, Principal Secretary, Ministry of Health (Co-Chair)
Dr. A. Kimambo, Chief Medical Officer, Ministry of Health
ACMO-P, Ministry of Health (*ex-officio*)

- **TEHIP Project Operations Committee**

ACMO-P, Ministry of Health (Co-Chair)
Director, Primary Health Care Secretariat, Ministry of Health

* **N.B.** It should be noted that on the EHIP Scientific Advisory Committee there are a further five Tanzanian health professionals representing other health institutions and agencies in Tanzania.

Appendix G
Tanzania Essential Health Interventions Project
Roles and Responsibilities
Prime Minister's Office
Government of Tanzania

ROLES AND RESPONSIBILITIES

The Government of Tanzania, also represented by the Prime Minister's Office (PMO) -- Departments of Regional Administration and Local Government, will, in cooperation and collaboration with the Ministry of Health and Regional and District Authorities, assist in the planning and implementation of the project in Rufiji and Morogoro-Rural Districts.

With respect to management and administrative activities listed on the Work Breakdown Structure (**Exhibit 2b**), the responsibilities of the Prime Minister's Office will be as follows:

TEHIP MANAGED AND ADMINISTERED

Activity #511 - **Facilitate Cooperation at the District Level**

Given the complex organizational and management structure of government at the regional and district level in Tanzania, where political, economic and social factors are evenly incorporated into development planning and the delivery of social services, it will be extremely important that the PMO not only be fully apprised of the project and its implementation strategy, but also be prepared to secure the full cooperation and collaboration of regional and local government at the district level. For TEHIP to be successful, therefore, and to test the hypothesis that health planning and the setting of priorities at the district level can be determined according to local estimates of burden of disease and cost effectiveness, the cooperation of local government and communities in Rufiji and Morogoro-Rural Districts will need to be obtained.

Activity #512 - **Provide Support to Decentralization**

To support administrative reform in Tanzania, the PMO, through the Departments of Regional Administration and Local Government, will assist in facilitating support for the decentralization of authorities to the District Medical Officers and DHMTs in Rufiji and Morogoro-Rural Districts for health sector planning and resource allocation.

Activity #513 - **Provide Support to District Health Funding**

Government of Tanzania funding of health services in the two selected districts will be of critical importance to the success of TEHIP and the achievement of expected results. Consequently, it is important for district and regional authorities to ensure that the level of health funding for Rufiji and Morogoro-Rural Districts does not fall below those specified in the MOU and that every effort be made to increase them to the extent that the chances of long-term sustainability would be significantly increased.

Activity #514 - **Liaise with MOH and District Authorities**

The PMO will to liaise closely with representatives of the Ministry of Health and District Authorities in Rufiji and Morogoro-Rural Districts on issues dealing with the implementation of the project, the collecting of data and the delivery of essential health interventions.

Activity #515 - **Attend Project Management Committee Meetings (PSC and POC)**

The PMO will attend and participate at all meetings of the TEHIP Project Steering Committee (PSC) and the TEHIP Project Operations Committee (POC).

Appendix H
Tanzania Essential Health Interventions Project
Roles and Responsibilities
Regional and District Authorities
(Rufiji and Morogoro-Rural Districts)

ROLES AND RESPONSIBILITIES

The success of TEHIP will rest largely on the support and cooperation received from all government authorities at the regional level and existing regional and district administrative and committee structures operating in Rufiji and Morogoro-Rural Districts -- areas where the bulk of TEHIP resources and activities will be concentrated. Consequently, the role of regions and districts and the equally important contribution of community and ward leaders in the target areas, will be pivotal to the successful implementation of the project's research and development activities and delivery of essential health interventions.

Regional Role

The Government of Tanzania's Health Sector Reform has identified the district as the "action base" for the delivery of health services. In support of the disticts, the region is regarded as an extended arm of the Ministry of Health performing the following functions:

- health policy enforcement:
- quality control; and
- technical support

As TEHIP has been developed and will be implemented in accordance with the ongoing Health Sector Reform, this role of the region will be maintained. In addition, the Regional Medical Officer (RMO) will be responsible for:

- supporting the DMO in implementing the project;
- providing the main link between the Regional Development Director(RDD) and the District with respect to TEHIP activities;
- assisting in the elaboration of the District Health Plans;
- presenting the District Health Plans to the Regional Development Committee (RDC)
- being Secretary to the Regional Primary Health Committee and being an advocate for TEHIP at this Committee;
- ensuring that the Regional Health Management Team (RHMT) is informed about TEHIP;
- participating, with the RHMT in supervisory visits and providing technical support to the District Health Management Team (DHMT); and
- being an ex-officio member of the TEHIP Project Operations Committee (POC)

District Role

Rufiji and Morogoro-Rural Districts, represented by District Executive Directors (DEDs) and District Medical Officer (DMOs), with support from District Commissioners and District Administrative Officers and others, will be actively involved in all aspects of TEHIP project planning and implementation.

Within the two participating districts, TEHIP will use the existing committee structures (e.g. District Primary Health Care Committee and District Health Management Teams). The project will, where necessary, assist in strengthening these supporting committees so as the improve their level of general effectiveness.

With respect to management and administrative activities listed on the Work Breakdown Structure (**Exhibit 2b**), the responsibilities of **Rufiji** and **Morogoro-Rural Districts** will include:

TEHIP MANAGED AND ADMINISTERED

Activity #601 - **Obtain Support from District Administrative Structures**

District Authorities, through the District Executive Directors and District Medical Officers, will obtain support through the various administrative and planning structures at the district and community level, in implementing and evaluating the project.

Activity #602 - **Support for DHMTs in Data Collection & Service Delivery**

District Authorities will seek to obtain local support and cooperation through existing community/ village/ward organizations and groups, for DHMTs, researchers and others to carry out their work in Rufiji and Morogoro-Rural Districts, especially in the collection of data and the delivery of essential health interventions.

Activity #603 - **Manage TEHIP Resources**

District Medical Officers and DHMTs will assume responsibility for managing TEHIP resources in their respective districts and report back to the TEHIP Project Office on expenditures. To assist in the accounting and reporting on TEHIP funds, special "sub-accounts" within the existing district financial structure and Account No. 6 mechanism, will be established. Funds will be transferred directly to these accounts by the TEHIP Project Office against approved plans and cash-flow schedules.

District Medical Officers and DHMTs will also be responsible for managing the delivery of essential health interventions to their respective districts based on data collected, analysis performed and decisions reached during the project regarding burden of disease and cost effectiveness of relevant health interventions suited to local conditions.

As part of their management and administrative responsibilities, DMOs will be required to submit regular progress reports and financial statements to the TEHIP Project Office.

It should be noted, that TEHIP will provide support to each district to augment accounting staff for the duration of the project.

Activity #604 - **Liaise with MOH, Regional Authorities and TEHIP Project Office**

District Authorities (DEDs and DMOs) will to liaise closely with representatives from the Ministry of Health, regional authorities and the TEHIP Project Office on all aspect of project implementation and the delivery of health services at the district level.

Activity #605 - **Attend POC Meetings**

District Authorities, represented by the two District Executive Directors (DEDs) and two District Medical Officers (DMOs), will attend and participate at all meetings of the TEHIP Project Operations Committee (POC).

Appendix I
Tanzania Essential Health Interventions Project
Roles and Responsibilities
Canadian International Development Agency

ROLE AND RESPONSIBILITIES

The Canadian International Development Agency (CIDA), represented by the Head of Aid at the Canadian High Commission in Dar-es-Salaam, will be responsible for providing TEHIP with the same level of support that it would normally afford development assistance projects of similar size and scope implemented in Tanzania by other Canadian institutions or organizations receiving funding support from Canada.

With respect to management and administrative activities listed on the Work Breakdown Structure (**Exhibit 2b**), the responsibilities of CIDA will include:

TEHIP MANAGED AND ADMINISTERED

Activity #701 - **Assistance to Conclude a Formal TEHIP Agreement with GOT**

The project will be subject to a Memorandum of Understanding (MOU), subsidiary to the General Agreement on Development Assistance already existing between Canada and Tanzania. The TEHIP Memorandum of Understanding, signed by the Canadian High Commission (CHC) on behalf of Canada, and the Treasury on behalf of the Government of Tanzania, will designate IDRC and the Tanzanian Ministry of Health as implementing partners for the project and task them with agreeing to a Project Document (Management Plan) that will guide both parties in implementing the project and describe their respective roles and responsibilities. Specific CIDA tasks in this regard will involve:

- Reviewing the "draft" MOU prepared by IDRC and suggest changes where appropriate; and
- Presenting the final MOU officially to the Tanzanian Treasury for signature.

Activity #702 - **Facilitate Administrative Arrangements**

CIDA, through the Aid Section of the CHC, will help facilitate administrative arrangements provided for under the MOU if required by IDRC. This could include such matters as obtaining work permits and duty-free exemptions for the TEHIP Project Office and Canadian personnel attached to the project.

Activity #703 - **Monitor Health and Social Sectors in Tanzania**

Given the complexity of the sector, the evolution of government policy and the number of on-going, inter-related donor projects, the CHC Aid Section will participate in donor coordination groups with the objective of using them to broadly monitor policies and activities in the health sector and consider their effect on the purpose, orientation and probable success of TEHIP.

The TEHIP Project Manager will attend donor meetings with the CHC Aid Section Representative and act as an alternate to the CIDA representative in the event of his absence. The CHC Aid Section will participate in its function of official Canadian Government representative providing the profile that should be helpful to the project. In no way does this participation detract from the responsibility of the TEHIP Project Manager and IDRC for maintaining close contact with donors and GOT personnel working in the health sector or for being informed of developments and policies in the health sector which affect or are affected by the project.

Activity #704 - **Attend TEHIP Project Steering Committee Meetings**

CIDA will be present at all TEHIP Project Steering Committee meetings to be held at least once a year in Dar-es-Salaam, in an *ex-officio* capacity, to determine overall project direction; to approve Annual Work Plans and Budget Estimates; and to review project and research progress.

Activity #705 - **Maintain "Watching Brief" on TEHIP**

The CHC Aid Section will maintain a "watching brief" by reviewing TEHIP progress reports, attending semi-annual project TEHIP Steering Committee meetings in Tanzania as an observer, liaising with other donors, government officials and other parties involved in the health sector, and reporting significant findings affecting the TEHIP to CIDA Hull and the Executive Director of the IDRC - EHIP Secretariat .

Appendix J
Tanzania Essential Health Interventions Project
Scope of Work and Framework
Project Evaluator

SCOPE OF WORK

The EHIP Secretariat will organize and contract the services of a Project Evaluator to evaluate TEHIP throughout the course of the project beginning in **Year #1** (1996-1997). The proposed approach to the evaluation will be dynamic and will allow emerging needs and questions to evolve as the project progresses. When specific objectives and methodologies are developed for the delivery of TEHIP essential health interventions, the Project Evaluator, along with locally contracted personnel, recruited by the Project Evaluator, will be able to ensure that the corresponding evaluation data needs are met.

TEHIP EVALUATION FRAMEWORK

1.0 INTRODUCTION

The Essential Health Interventions Project (EHIP) is a complex and innovative project incorporating both research, development and service delivery components. Systematic assessment of both the process and outcomes of EHIP will be critical in interpreting the research findings and development result. This conceptual framework for the evaluation outlines the initial strategies for data collection in the evaluation of EHIP at two levels.

Level one is the "global" level focusing on the overall conceptual design and development. Level two deals with the implementation of the project in Tanzania. Level one is referred to in the Evaluation Framework as EHIP, while level two is referred to as TEHIP.

The evaluation will be comprehensive, in that it will be both formative (providing ongoing input to assist project design and management) and summate (reporting project impact and efficiency).

The project is designed to document the costs and benefits of improvements in health planning and service delivery. To achieve this research objective, the project will need to create mechanisms to document and evaluate changes in decision making processes as well as the resulting changes in health service delivery and health status. Existing management processes at the district level, even in the absence of TEHIP inputs, include monitoring and evaluation activities. Therefore it is important to stress that the evaluation will not duplicate these activities, but draw upon these through monitoring, documenting and supporting the development of these and other processes in project implementation as they pertain to the objectives of TEHIP.

Although the overall (EHIP) project research objectives have been established, the specific objectives for TEHIP service delivery are only now being identified through the process of selection, at district level, of the minimum or essential "package" of health interventions. It is, therefore, impossible at this time to fully specify a detailed plan for evaluation of the TEHIP program. This framework emphasizes the need for early assessment of project processes for the selection of health interventions and strategies for implementation.

However, the proposed approach to evaluation is designed to be dynamic and to allow responsiveness to emerging needs and questions as the project evolves. When specific objectives are developed for the delivery of the TEHIP "package" of health interventions, the Project Evaluator will be able to ensure that the corresponding evaluation data needs are met.

2.0 EVALUATION OBJLCTIVES

The evaluation will be undertaken with the following objectives:

- To review and document the processes of project management, both external to and within Tanzania, including data collection, establishment of priorities, allocation of resources, and delivery of the minimum or essential package of health services.

- To provide ongoing feedback to project staff, the EHIP Steering Committee and the EHIP Scientific Advisory Committee, regarding project implementation in order to facilitate mid-course corrections.

- To assess project outcomes including, capacity building, health impacts, and the feasibility and sustainability of using analytical approaches for district health planning.

- To ensure prompt reporting to other project stakeholders, including donors, Government of Tanzania (at national, regional, and district levels), project managers, and communities on the progress of the project.

3.0 EVALUATION METHODS

3.1 **Composition of the Evaluation Team** - Because of the dual (formative and summative) role of the evaluation, the evaluation team should include both external evaluators as well as persons who are familiar with the day-to-day operations of the project. The size of the evaluation team should be limited to ten persons.

To the greatest extent possible, all members of the team should participate in the three assessments being proposed. In order to limit costs, prior to collection of preliminary (especially quantitative) data collection may be possible for some aspects of the evaluation.

3.2 **Data Collection** - Data collection will be conducted principally through three formal assessments conducted at the beginning (within three months of the introduction of health interventions - i.e. July/August 1996), middle, (January 1998), and end (within three months of the completion - June 2000) of the TEHIP project.

During the three periodic collections of data for evaluation reports, data collection strategies will include focus group discussions, questionnaires, observation, key informant interviews and document review.

The design of specific instruments or discussion guides for data collection will depend on the completeness of TEHIP's own mechanisms for data collection. Evaluation instruments will be designed primarily to address more qualitative issues and to document the processes and structures for project implementation. The evaluation may also address concerns about the quality of TEHIP data collection by validating measures for critical indicators. Design of instruments will, therefore, be finalized based on the assessment of the status of the project's information system just prior to the assessment visits by the evaluation team.

3.3 **Evaluation Implementation Plan and Schedule** - The TEHIP Project Coordinator will be expected to facilitate the evaluation activities, including through provision of operational support for the evaluation team. Project staff will keep files and provide the required documents for

review by the evaluation team. The Ministry of Health and EHIP partners will also be expected to provide access to files which document their roles in EHIP activities.

IDRC, through its HealthNet project, will facilitate development of the communications infrastructure using an electronic mail network. Linkage of TEHIP service delivery and research facilities will permit prompt sharing of information regarding project processes and alert managers, as well as the evaluation team, of any emerging problems which may require in-depth evaluation.

The first field assessment is envisaged for July/August 1996, during early phases of implementation of the first annual plan which will be affected by the planning processes of TEHIP. The second field assessment will be undertaken approximately 18 months later, and the third at or around the time of the end of the project. Up to two additional visits by a part or all of the Evaluation Team for assessment of emerging issues or problems in project implementation are anticipated.

4.0 REPORT PREPARATION AND DISSEMINATION

Outputs or deliverables of the evaluation will include:

1. Three formal reports, submitted at the beginning (within three months of the introduction of health interventions - i.e. July/August 1996), middle (January 1998), and end (within three months of completion - June 2000) of the TEHIP project.

2. Periodic reports submitted as needed to alert the Executive Director of the EHIP Secretariat and the TEHIP Project Manager or other stakeholders of special achievements or problems in implementation.

As the evaluation will deal with EHIP activities outside of Tanzania as well as those within Tanzania, where there will be many "users" of the TEHIP evaluation findings. The evaluation will also be of interest to those concerned with the development and management of projects involving several partner agencies, or projects which include both research, development and service delivery components.

Within Tanzania, staff at both the district and central level will be the principal users of the Evaluation findings.

Appendix K
Tanzania Essential Health Interventions Project
Role and Responsibilities
Project Management and Advisory Committees
a) EHIP International Advisory Committee
b) EHIP Scientific Advisory Committee
c) TEHIP Project Steering Committee
d) TEHIP Project Operations Committee

ROLE AND RESPONSIBILITIES

EHIP and TEHIP will benefit from the deliberations and advice offered by four management and advisory committees. They are as follows:

1.0 EHIP INTERNATIONAL ADVISORY COMMITTEE (IAC)

The EHIP **International Advisory Committee**, formerly known as the EHIP Steering Committee, will provide overall policy guidance and direction to activities of EHIP and will review and make comment, on behalf of IDRC and its collaborating agencies, on all plans, budgets and project results The IAC will meet at least once a year to review EHIP (and TEHIP) activities and development.

Without limiting the generality of the above, the responsibilities of IAC will be to:

- Provide leadership and direction to EHIP, through the promotion of EHIP objectives with senior representatives of participating national governments;
- Liaise with senior representatives of collaborating agencies, namely, CIDA, World Bank WHO, UNICEF, ODA (UK), UNICEF and the Edna McConnell Clark Foundation and other agencies as appropriate, with regard to the purpose and funding of EHIP activities;
- Meet and confer with the Chairman of the EHIP Scientific Advisory Committee (SAC) on matters relating to EHIP research, as needed;
- Provide advice and direction to the Executive Director, EHIP Secretariat; and
- Provide advice, through the Chair of IAC, to the President and Board of Governors of IDRC on EHIP activities.

1.1 IAC Membership

- Dr. Maureen Law **(Chairperson)**
- Dr. Joseph A. Cook, Edna McConnell Clark Foundation
- Dr. C. Griffin, World Bank Representative
- Dr. Demissie Habte, International Centre for Diarrhoeal Disease Research (Chairman, SAC)
- Ms. Carloyn McAskie, Canadian International Development Agency
- Mr. Malcolm McNeil, Overseas Development Administration (UK)
- Mr. R. Mrope, Principal Secretary, Ministry of Health, Government of Tanzania
- Dr. Kasa Pangu, UNICEF
- Dr. Eva Rathgeber, IDRC Representative (IDRC Presidential Appointment)
- Dr. Ebrahim M. Samba, World Health Organization (Brazzaville)
- Dr. James Tulloch, World Health Organization (Geneva)

1.2 *Ex-Officio*/Observers

- Mr. Joel F. Finlay - EHIP Secretariat Executive Director (Secretary)

2.0 EHIP SCIENTIFIC ADVISORY COMMITTEE (SAC)

The EHIP Scientific Advisory Council will be responsible for providing leadership and guidance in the development of research plans necessary to address the three essential questions of EHIP, and to ensure that technical monitoring and evaluation of research activities will continue throughout the duration of the TEHIP project. SAC will also provide advice and guidance on project design and research plans; on identifying research issues relevant and practical to EHIP objectives and district health conditions; on identifying and prioritizing additional related research questions; and on providing advice and good counsel on research methodologies as well as on scientific and ethical issues related to the execution and anticipated impact of EHIP.

Without limiting the generality of the above, the responsibilities of SAC will be to:

- Provide advice and recommendations to the IAC and the TEHIP Project Steering Committee with respect to EHIP research activities;
- Assist, through the provision of advice, on the overall project design and provide specific advice and recommendations through the review of EHIP and TEHIP research plans;
- Assist in identifying research issues in a format which is relevant and practical to district level health officials;
- Assist in identifying and prioritizing additional related research questions that are expected to evolve over time;
- Provide advice on research methodologies and the identification of needs for on-going scientific support to EHIP and TEHIP;
- Provide advice on scientific and ethical issues related to the execution of the EHIP and TEHIP Research Plans;
- Periodically review criteria and indicators for the technical monitoring and evaluation of EHIP and TEHIP related research activities;
- Appraise, as and when required, research progress reports on the basis of established criteria and indicators, and give technical advice on research focus, direction and methodologies;
- Provide guidance and leadership to the Regional Centre for Health Systems Analysis based at the Commonwealth Regional Health Secretariat in Arusha, Tanzania; and
- Review program objectives and annual work plans for the Centre for Health Systems Analysis.

2.1 SAC Membership

- Dr. Demissie Habte - International Centre for Diarrhoeal Disease Research **(Chairman)**
- Dr. José-Luis Bobadilla, Inter-America Development Bank, Washington, D.C.
- Dr. Donald A. Enarson, International Union Against TB and Lung Disease
- Dr. David Evans, TDR Special Programs, World Health Organization
- Dr. Sandy Gove, Management of the Sick Child, World Health Organization

- Dr. S.F. Kaaya, Muhimbili Medical Centre, Tanzania
- Dr. Andrew Yona Kitua, Ifakara Centre, Tanzania
- Dr. Wilbald S.M. Lorri, Tanzanian Food and Nutrition Centre
- Dr. Winnie Mpanju-Shumbusho, Commonwealth Regional Health Secretariat
- Dr. Fatma H. Mrisho, United Nations Population Fund
- Dr. Gernard Iddi Msamanga, Institute of Public Health, Muhimbili Medical Centre
- Dr. Lawrence Munyetti, Ministry of Health, Government of Tanzania
- Dr. Christopher Murray, Harvard Centre for Population and Development Studies
- Dr. Raphael Owor, Makerere University, Uganda
- Dr. David Ross, London School of Hygiene and Tropical Medicine, England
- Dr. Daniel Sala-Diakanda, United Nations Economic Commission for Africa, Ethiopia
- Professor Marcel Tanner, Swiss Tropical Institute, Switzerland

2.2 ***Ex-Officio*/Observers**

- TEHIP Research Manager (SAC Secretary)
- IDRC Senior Research Officer (Dr. D. de Savigny)
- TEHIP Country Research Coordinator (Dr. C. Mbuya)

3.0 TEHIP PROJECT STEERING COMMITTEE (PSC)

The Project Steering Committee will be the key management committee on TEHIP and will be responsible for providing overall project direction and policy decisions, including approval of Annual Work Plans and Budget Estimates. The PSC, which will meet at least once a year, will also approve in principle all procedures governing the call, selection and approval of research projects and service contracts being funded by TEHIP. Meetings will be chaired alternately by the Tanzania Ministry of Health and the IDRC-EHIP Secretariat. The TEHIP Project Manager, acting as PSC Secretary, will be responsible for recording the minutes of meetings and for distributing them after receiving appropriate approval for doing so.

Without limiting the generality of the above, the responsibilities of PSC will be to:

- Develop and maintain a common vision of the project in Tanzania, consistent with the objectives of EHIP;

- Function as an oversight committee through the provision of policy guidance to the project by:

  - bringing the interests of the Tanzania Ministry of Health and other Government of Tanzania ministries and institutions engaged in the health sector and collaborating agencies together on a common agenda for the implementation and evaluation of the project and the delivery of essential health interventions;

  - coordinating inter-agency policies and management issues with respect to the implementation, research and evaluation elements of the project;

  - providing direction to accommodate a strategic approach consistent with the direction of health policy reform taking place in Tanzania;

- reviewing and approving decisions with respect to project design (service, delivery, research and evaluation);

- reviewing and approving TEHIP Annual Work Plans and Budget Estimates;

- reviewing Progress and Financial Reports and other documents generated by the project;

- reviewing findings and recommendations arising from work carried out and results achieved;

- approving terms of reference for the Project Evaluation Team; and

- resolving problems and obstacles that might impede the achievement of TEHIP objectives.

3.1 **Membership**

- Mr. R. Mrope, Principal Secretary, Tanzania Ministry of Health **(Chairman)**
- Mr. J. Finlay, IDRC-FHIP Secretariat Executive Director (Co-Chairman)
- Dr. A. Kimambo, Chief Medical Officer, Tanzania Ministry of Health
- Principal Secretary, Prime Minister's Office
- Principal Secretary, Planning Commission

3.2 ***Ex-Officio*/Observers**

- TEHIP Project Manager (PSC Secretary)
- ACMO-P, Tanzania Ministry of Health (Dr. P. Kilima)
- Director, Social Services, Planning Commission, Government of Tanzania
- Commissioner of Local Government, Prime Minister's Office
- TEHIP Country Project Coordinator (Dr. H. Kasale)
- TEHIP Research Manager
- TEHIP Country Research Coordinator (Dr. C. Mbuya)
- Representative, CIDA-Tanzania

4.0 TEHIP PROJECT OPERATIONS COMMITTEE (POC)

The **Project Operations Committee**, which will meet quarterly, more often if required, will be responsible for providing overall technical and management coordination to the project in Tanzania. Specifically, it will be responsible for establishing operational linkages between the TEHIP Project Office, the Ministry of Health, the Prime Minister's Office and District Authorities to ensure the smooth implementation of the project and for removing obstacles to its successful completion. POC will also be responsible for ensuring that the flow of project resources, especially those directed at district health authorities, proceeds with efficiency and effectiveness and that accounting and reporting procedures are properly followed, and that Annual Work Plans accurately reflect what can and needs to be done for project success.

Without limiting the generality of the above, the responsibilities of **POC** will be to:

- Establish procedures for the efficient and effective delivery of TEHIP resources to the districts;

- Set standards and procedures for contracting of services, related both to research activities and delivery of supplies and services;

- Establish efficient and effective communication channels and linkages between all parties directly engaged in the implementation of the project;

- Develop terms of reference, if and when required to do so, for special consulting services required by the project;

- Coordinate project activities (research and development) to ensure the maximum level of efficiency and impact;

- Monitor project progress and performance of activities;

- Receive and review Progress Reports and other project documentation; and

- Review and approve Annual Work Plans.

4.1 **POC Membership**

- Assistant Chief Medical Officer - Prevention, Ministry of Health **(Chairman: Dr. P. Kilima)**
- TEHIP Project Manager (Co-Chairman)
- TEHIP Country Project Coordinator (Dr. H. Kasale - POC Secretary)
- Head, Primary Health Care Secretariat, Tanzania Ministry of Health
- Representative, Prime Minister's Office
- District Executive Director, Rufiji District
- District Medical Officer, Rufiji District
- District Executive Director, Morogoro-Rural District
- District Medical Officer, Morogoro-Rural District
- TEHIP Research Manager
- TEHIP Country Research Coordinator (Dr. C. Mbuya)
- WHO-EHIP Officer (Tanzania); and
- Others as may be required and/or invited to attend by the Chairman.

4.2 *Ex-Officio*/Observers

- Regional Medical Officers (Coast Region and Morogoro-Region)